



STIC Search Report

EIC 2100

STIC Database Tracking Number: 126135

TO: William H Matthews
Location: cp2 2b08
Art Unit : 3738
Wednesday, July 07, 2004

Case Serial Number: 10/614763

From: Terese Esterheld
Location: EIC 2100
PK2-4B30
Phone: 308-7795

Terese.esterheld@uspto.gov

Search Notes

Dear Examiner Matthews,

Attached, please find the results of your search request for application 10/614763. I have concentrated on finding information on Incision or cut or the skin, Insert to the Fascia, Create a Tissue pocket, Inflate Device and deflate, Remove device, Insert prothesis.

Items have been marked that may be of value to you. Please look over the complete package as other items may also be of use.

Please let me know if you need additional information on this search.

Thank you for coming to EIC 2100.

Terese Esterheld



SEARCH REQUEST FORM

Scientific and Technical Information Center

Requester's Full Name: William Matthews Examiner #: 78879 Date: 6-30-04
Art Unit: 3738 Phone Number 30 5 0316 Serial Number: 10/614763
Mail Box and Bldg/Room Location: C12 2808 Results Format Preferred (circle): PAPER DISK E-MAIL

If more than one search is submitted, please prioritize searches in order of need.

Please provide a detailed statement of the search topic, and describe as specifically as possible the subject matter to be searched. Include the elected species or structures, keywords, synonyms, acronyms, and registry numbers, and combine with the concept or utility of the invention. Define any terms that may have a special meaning. Give examples or relevant citations, authors, etc, if known. Please attach a copy of the cover sheet, pertinent claims, and abstract.

Title of Invention: Method for Surgical Dissection, Sizing, and ExpansionInventors (please provide full names): Robert RehkeEarliest Priority Filing Date: 5/30/97

For Sequence Searches Only Please include all pertinent information (parent, child, divisional, or issued patent numbers) along with the appropriate serial number.

See claim 1

STAFF USE ONLY

Type of Search		Vendors and cost where applicable
Searcher: <u>Teresse Esterheld</u>	NA Sequence (#) _____	STN _____
Searcher Phone #: <u>308-7795</u>	AA Sequence (#) _____	Dialog _____
Searcher Location: <u>4B30</u>	Structure (#) _____	Questel/Orbit _____
Date Searcher Picked Up: <u>7/2/04 5:00 PM</u>	Bibliographic _____	Dr.Link _____
Date Completed: <u>7/6/04 5:00 PM</u>	Litigation _____	Lexis/Nexis _____
Searcher Prep & Review Time: _____	Fulltext _____	Sequence Systems _____
Clerical Prep Time: _____	Patent Family _____	WWW/Internet _____
Online Time: _____	Other _____	Other (specify) _____

Set	Items	Description
S1	2	AU=(REHNKE, R? OR REHNKE R?)
File 347:	JAPIO	Nov 1976-2004/Feb(Updated 040607)
	(c)	2004 JPO & JAPIO
File 348:	EUROPEAN PATENTS	1978-2004/Jun W03
	(c)	2004 European Patent Office
File 349:	PCT FULLTEXT	1979-2002/UB=20040624,UT=20040617
	(c)	2004 WIPO/Univentio
File 350:	Derwent WPIX	1963-2004/UD,UM &UP=200441
	(c)	2004 Thomson Derwent

1/5/1 (Item 1 from file: 350)
DIALOG(R)File 350:Derwent WPIX
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015913133 **Image available**
WPI Acc No: 2004-070973/200407
Related WPI Acc No: 2000-398881
XRPX Acc No: N04-057158

**Surgical dissecting method for creating working space in breast, involves
inflating tissue expanding device to dissect tissue layers defining
fascial cleft between chest wall and pectoralis major muscle to create
tissue pocket**

Patent Assignee: REHNKE R D (REHN-I)
Inventor: REHNKE R D
Number of Countries: 001 Number of Patents: 001
Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
US 20040006388	A1	20040108	US 96622341	A	19960321	200407 B
			US 97865824	A	19970530	
			US 2000525599	A	20000314	
			US 2003614763	A	20030708	

Priority Applications (No Type Date): US 97865824 A 19970530; US 96622341 A 19960321; US 2000525599 A 20000314; US 2003614763 A 20030708

Patent Details:

Patent No	Kind	Lan	Pg	Main IPC	Filing Notes
US 20040006388	A1		10	A61F-002/12	CIP of application US 96622341 Div ex application US 97865824 Cont of application US 2000525599 Div ex patent US 6055989

Abstract (Basic): US 20040006388 A1

NOVELTY - The method involves inserting and advancing an inflatable tissue expanding device through an incision made through a skin. The device is inflated with a fluid to dissect tissue layers defining fascial cleft (16) between a chest wall and a pectoralis major muscle to anatomical boundaries of the cleft. The tissue is dissected to create a tissue pocket to the boundaries of the layers. The device is deflated and removed.

USE - Used for dissecting tissue layers to create an anatomic working space to perform laparoscopy in breast, forearm, leg and brow.

ADVANTAGE - The device can be tunneled in from a remote incision to a desired location where tissue expansion is to occur, thereby allowing immediate tissue dissection of the pocket and immediate initiation of expansion without the need to permit a local incision to heal.

DESCRIPTION OF DRAWING(S) - The drawing shows a cross sectional view of a human cutaneous tissue and a balloon dissector utilized to form a tissue pocket between the superficial fascial and deep fascia.

Subcutaneous fat (10)
Dermis layer (11)
Superficial fascia (14)
Fascial cleft (16)
Deep fascia (18)
pp; 10 DwgNo 4/7

Title Terms: SURGICAL; DISSECT; METHOD; WORK; SPACE; BREAST; INFLATE; TISSUE; EXPAND; DEVICE; DISSECT; TISSUE; LAYER; DEFINE; CLEFT; CHEST; WALL; MAJOR; MUSCLE; TISSUE; POCKET

Derwent Class: P32

International Patent Class (Main): A61F-002/12

International Patent Class (Additional): A61F-002/04

File Segment: EngPI

1/5/2 (Item 2 from file: 350)
DIALOG(R)File 350:Derwent WPIX
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013227007 **Image available**

WPI Acc No: 2000-398881/200034

Related WPI Acc No: 2004-070973

XRPX Acc No: N00-298764

**Surgical method for dissection, sizing and expansion has balloon device
combines the functions of dissection, sizing, and, optionally tissue
expansion**

Patent Assignee: REHNKE R D (REHN-I)

Inventor: **REHNKE R D**

Number of Countries: 001 Number of Patents: 001

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
US 6055989	A	20000502	US 96622341	A	19960321	200034 B
			US 97865824	A	19970530	

Priority Applications (No Type Date): US 97865824 A 19970530; US 96622341 A
19960321

Patent Details:

Patent No	Kind	Lan	Pg	Main IPC	Filing Notes
US 6055989	A	11	A61B-019/00	CIP of application US 96622341	

Abstract (Basic): US 6055989 A

NOVELTY - The method involves;

- (1) providing an inflatable device (28), which is reversibly expandable between a deflated condition and an expanded condition;
- (2) making an incision through access a desired fascial cleft (16) between tissue layers, the fascial cleft being bounded by ligaments joining the tissue layers;
- (3) inserting the device in the deflated condition through the incision into the fascial cleft;
- (4) inflating the device sufficiently to dissect the tissue layers and create a tissue pocket in the fascial cleft, which extends to the ligaments joining the tissue layers; and
- (5) deflating and removing the device through the incision.

USE - For opening an anatomic space with the option of sizing and/or further expanding the dissected space.

ADVANTAGE - Performs any combination of the distinct functions of dissecting, expanding, and sizing in serial order.

DESCRIPTION OF DRAWING(S) - The drawing is cross-sectional view of the human cutaneous tissue, particularly illustrating a balloon being utilized to form a tissue pocket between the superficial fascia and deep fascia.

Fascial cleft (16)

Inflatable device (28)

pp; 11 DwgNo 4/7

Title Terms: SURGICAL; METHOD; DISSECT; SIZE; EXPAND; BALLOON; DEVICE;
COMBINATION; FUNCTION; DISSECT; SIZE; OPTION; TISSUE; EXPAND

Derwent Class: P31

International Patent Class (Main): A61B-019/00

File Segment: EngPI

Set	Items	Description
S1	15	AU=(REHNKE, R? OR REHNKE R?)
File	5:	Biosis Previews(R) 1969-2004/Jun W4 (c) 2004 BIOSIS
File	34:	SciSearch(R) Cited Ref Sci 1990-2004/Jun W4 (c) 2004 Inst for Sci Info
File	35:	Dissertation Abs Online 1861-2004/May (c) 2004 ProQuest Info&Learning
File	48:	SPORTDiscus 1962-2004/Jun (c) 2004 Sport Information Resource Centre
File	65:	Inside Conferences 1993-2004/Jun W4 (c) 2004 BLDSC all rts. reserv.
File	71:	ELSEVIER BIOBASE 1994-2004/Jun W3 (c) 2004 Elsevier Science B.V.
File	73:	EMBASE 1974-2004/Jun W4 (c) 2004 Elsevier Science B.V.
File	91:	MANTIS(TM) 1880-2004/Jul 2001 (c) Action Potential
File	94:	JICST-EPlus 1985-2004/Jun W1 (c) 2004 Japan Science and Tech Corp(JST)
File	98:	General Sci Abs/Full-Text 1984-2004/Jun (c) 2004 The HW Wilson Co.
File	135:	NewsRx Weekly Reports 1995-2004/Jun W4 (c) 2004 NewsRx
File	144:	Pascal 1973-2004/Jun W3 (c) 2004 INIST/CNRS
File	149:	TGG Health&Wellness DB(SM) 1976-2004/Jun W3 (c) 2004 The Gale Group
File	155:	MEDLINE(R) 1966-2004/Jun W2 (c) format only 2004 The Dialog Corp.
File	156:	ToxFile 1965-2004/May W5 (c) format only 2004 The Dialog Corporation
File	159:	Cancerlit 1975-2002/Oct (c) format only 2002 Dialog Corporation
File	162:	Global Health 1983-2004/May (c) 2004 CAB International
File	164:	Allied & Complementary Medicine 1984-2004/Jun (c) 2004 BLHCIS
File	172:	EMBASE Alert 2004/Jun W3 (c) 2004 Elsevier Science B.V.
File	266:	FEDRIP 2004/Apr Comp & dist by NTIS, Intl Copyright All Rights Res
File	369:	New Scientist 1994-2004/Jun W4 (c) 2004 Reed Business Information Ltd.
File	370:	Science 1996-1999/Jul W3 (c) 1999 AAAS
File	399:	CA SEARCH(R) 1967-2004/UD=14101 (c) 2004 American Chemical Society
File	434:	SciSearch(R) Cited Ref Sci 1974-1989/Dec (c) 1998 Inst for Sci Info
File	444:	New England Journal of Med. 1985-2004/Jul W1 (c) 2004 Mass. Med. Soc.
File	467:	ExtraMED(tm) 2000/Dec (c) 2001 Informania Ltd.

1/5/1 (Item 1 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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0012778800 BIOSIS NO.: 200000497113

Method for surgical dissection, sizing and expansion

AUTHOR: Rehnke Robert D (Reprint)
AUTHOR ADDRESS: 3011 82 Way North, St. Petersburg, FL, 33710, USA**USA
JOURNAL: Official Gazette of the United States Patent and Trademark Office
Patents 1234 (1): May 2, 2000 2000
MEDIUM: e-file
PATENT NUMBER: US 6055989 PATENT DATE GRANTED: May 02, 2000 20000502
PATENT CLASSIFICATION: 128-898 PATENT ASSIGNEE: Rehnke; Robert D., St.
Petersburg, FL, USA PATENT COUNTRY: USA
ISSN: 0098-1133
DOCUMENT TYPE: Patent
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: A method for surgical dissection, sizing and for expansion of a tissue pocket in a naturally occurring fascial cleft for use in plastic surgery applications and other applications where it is desirable to dissect an anatomically defined and bounded tissue pocket, determine the appropriate size of a prosthesis to be implanted into the tissue pocket and, if necessary, further expand the tissue overlying the tissue pocket. An inflatable device which performs the three distinct functions of dissection, sizing and tissue expansion is used. In a preferred method, a dissecting balloon device is tunneled bluntly to a desired location within a fascial cleft in the female breast. The device is then inflated to dissect tissue layers adjacent the fascial cleft until ligaments defining boundaries of the fascial cleft are reached, to create a tissue pocket extending to the ligamentous boundaries. After dissection, the tissue pocket may be sized by withdrawing/adjusting fluid from the inflatable member until the desired aesthetic appearance is achieved. If immediate or traditional tissue expansion is desired, the inflatable member may be utilized as a tissue expander and temporarily left in place to provide gradual tissue expansion. After the desired dissection, sizing and optional expanding, an implant prosthesis may be inserted into the tissue pocket and filled to a volume determined in the sizing step.

DESCRIPTORS:

MAJOR CONCEPTS: Surgery--Medical Sciences; Methods and Techniques
BIOSYSTEMATIC NAMES: Hominidae--Primates, Mammalia, Vertebrata, Chordata, Animalia
ORGANISMS: human (Hominidae)--female, patient
ORGANISMS: PARTS ETC: breast--reproductive system
COMMON TAXONOMIC TERMS: Animals; Chordates; Humans; Mammals; Primates; Vertebrates
METHODS & EQUIPMENT: plastic surgery--surgical method
CONCEPT CODES:
00532 General biology - Miscellaneous
BIOSYSTEMATIC CODES:
86215 Hominidae

1/5/2 (Item 2 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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0005308059 BIOSIS NO.: 198732036950

CONDUCTION SYSTEM INJURY ASSOCIATED WITH ST-THOMAS CARDIOPLEGIA

AUTHOR: BUHRMAN W C (Reprint); MOLTER D W; REHNKE R D ; BLADERGROEN M R;
BLANCHARD S M; LOWE J E
AUTHOR ADDRESS: DUKE UNIV MED CENT, DURHAM, NC, USA**USA
JOURNAL: American Heart Association Monograph (124): pII-258 1986
CONFERENCE/MEETING: JOINT PROCEEDINGS OF THE 59TH SCIENTIFIC SESSIONS OF THE AMERICAN HEART ASSOCIATION, THE 40TH ANNUAL MEETING OF THE AMERICAN

SOCIETY FOR THE STUDY OF ARTERIOSCLEROSIS (COUNCIL ON ARTERIOSCLEROSIS),
AND THE SEVENTH NATIONAL CONFERENCE ON THROMBOSIS AND HEMOSTASIS, DALLAS,
TEX., USA, NOV. 17-20, 1986. AM HEART ASSOC MONOGR.

ISSN: 0065-8499

DOCUMENT TYPE: Meeting

RECORD TYPE: Citation

LANGUAGE: ENGLISH

REGISTRY NUMBERS: 7439-95-4: MAGNESIUM

DESCRIPTORS: ABSTRACT DOG MAGNESIUM PROLONGED ATRIOVENTRICULAR CONDUCTION

MYOCARDIAL TEMPERATURE ELECTROGRAPHY HIS BUNDLE

DESCRIPTORS:

MAJOR CONCEPTS: Cardiovascular System--Transport and Circulation

BIOSYSTEMATIC NAMES: Canidae--Carnivora, Mammalia, Vertebrata, Chordata,
Animalia

COMMON TAXONOMIC TERMS: Animals; Carnivores; Chordates; Mammals; Nonhuman
Vertebrates; Nonhuman Mammals; Vertebrates

CHEMICALS & BIOCHEMICALS: MAGNESIUM

CONCEPT CODES:

00520 General biology - Symposia, transactions and proceedings

10069 Biochemistry studies - Minerals

10504 Biophysics - Methods and techniques

14501 Cardiovascular system - General and methods

14506 Cardiovascular system - Heart pathology

23001 Temperature - General measurement and methods

BIOSYSTEMATIC CODES:

85765 Canidae

1/5/3 (Item 1 from file: 34)

DIALOG(R)File 34:SciSearch(R) Cited Ref Sci

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05617771 Genuine Article#: WL303 Number of References: 8

**Title: Endoscopic harvest of the latissimus dorsi muscle using the balloon
dissection technique**

Author(s): VanBuskirk FR (REPRINT) ; Rehnke RD ; Montgomery RL; Eubanks S;
Ferraro FJ; Levin LS

Corporate Source: DUKE UNIV,MED CTR, DIV PLAST & RECONSTRUCT SURG, POB
3974/DURHAM//NC/27710 (REPRINT); DUKE UNIV,MED CTR, DIV PLAST
RECONSTRUCT MAXILLOFACIAL & ORAL SURG/DURHAM//NC/27706; DUKE UNIV,MED
CTR, DIV GEN SURG/DURHAM//NC/27706; UNIV N CAROLINA,SCH MED, DEPT CELL
BIOL & ANAT/CHAPEL HILL//NC/27515

Journal: PLASTIC AND RECONSTRUCTIVE SURGERY, 1997, V99, N3 (MAR), P899-903

ISSN: 0032-1052 Publication date: 19970300

Publisher: WILLIAMS & WILKINS, 351 WEST CAMDEN ST, BALTIMORE, MD 21201-2436

Language: English Document Type: ARTICLE

Geographic Location: USA

Subfile: CC LIFE--Current Contents, Life Sciences; CC CLIN--Current
Contents, Clinical Medicine

Journal Subject Category: SURGERY

Identifiers--KeyWord Plus(R): FLAP

Cited References:

BOSTWICK J, 1979, V63, P31, PLAST RECONSTR SURG

BOSTWICK J, 1980, V65, P395, PLAST RECONSTR SURG

EAVES F, 1995, P10, ENDOSCOPIC PLASTIC S

JONES G, 1995, P512, ENDOSCOPIC PLASTIC S

LEVIN LS, 1995, V11, P59, HAND CLIN

MAXWELL GP, 1979, V64, P771, PLAST RECONSTR SURG

MILLER MJ, 1995, V22, P755, CLIN PLAST SURG

VASCONEZ LO, 1995, V22, P585, CLIN PLAST SURG

1/5/4 (Item 2 from file: 34)

DIALOG(R)File 34:SciSearch(R) Cited Ref Sci

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05617770 Genuine Article#: WL303 Number of References: 4

Title: Improving the efficiency, ease, and efficacy of endoscopic abdominoplasty

Author(s): Ferraro FJ (REPRINT) ; Zavitsanos GP; VanBuskirk ER; Rehnke RD ; Ruff GL; Ritter EF

Corporate Source: DUKE UNIV,MED CTR, DIV PLAST SURG, DEPT PLAST RECONSTRUCT MAXILLOFACIAL & ORAL SURG/DURHAM//NC/27710 (REPRINT)

Journal: PLASTIC AND RECONSTRUCTIVE SURGERY, 1997, V99, N3 (MAR), P895-898

ISSN: 0032-1052 Publication date: 19970300

Publisher: WILLIAMS & WILKINS, 351 WEST CAMDEN ST, BALTIMORE, MD 21201-2436

Language: English Document Type: ARTICLE

Geographic Location: USA

Subfile: CC LIFE--Current Contents, Life Sciences; CC CLIN--Current Contents, Clinical Medicine

Journal Subject Category: SURGERY

Cited References:

BOSTWICK J, 1995, ENDOSCOPIC PLASTIC S

FODOR PB, 1994, V18, P31, AESTHET PLAST SURG

HUGER WE, 1979, V45, P612, AM SURGEON

MATARASSO A, 1991, V15, P111, AESTHET PLAST SURG

1/5/5 (Item 3 from file: 34)

DIALOG(R)File 34:SciSearch(R) Cited Ref Sci

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04043821 Genuine Article#: QK352 Number of References: 0

(NO REFS KEYED)

Title: ENDOSCOPY OF THE UPPER EXTREMITY

Author(s): LEVIN LS; REHNKE R ; EUBANKS S

Corporate Source: DUKE UNIV,MED CTR,POB 3945/DURHAM//NC/27710

Journal: HAND CLINICS, 1995, V11, N1 (FEB), P59-70

ISSN: 0749-0712

Language: ENGLISH Document Type: ARTICLE

Geographic Location: USA

Subfile: SciSearch; CC CLIN--Current Contents, Clinical Medicine

Journal Subject Category: ORTHOPEDICS

1/5/6 (Item 1 from file: 73)

DIALOG(R)File 73:EMBASE

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06800198 EMBASE No: 1997082683

Endoscopic harvest of the latissimus dorsi muscle using the balloon dissection technique

Van Buskirk E.R.; Rehnke R.D. ; Montgomery R.L.; Eubanks S.; Ferraro F.J.; Levin L.S.; Eaves III F.F.

Dr. E.R. Van Buskirk, Plastic/Reconstructive Surgery Div., Duke University Medical Center, P.O. Box 3974, Durham, NC 27710 United States Plastic and Reconstructive Surgery (PLAST. RECONSTR. SURG.) (United States) 1997, 99/3 (899-905)

CODEN: PRSUA ISSN: 0032-1052

DOCUMENT TYPE: Journal; Article

LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH

NUMBER OF REFERENCES: 14

The latissimus dorsi muscle is a workhorse for reconstruction, including pedicled and microvascular free-tissue transfers. The purpose of this study is to determine the feasibility of endoscopic harvesting of the latissimus dorsi muscle as either a pedicled flap or a microvascular free-tissue transfer flap. The donor site is not exempt from morbidity, including seroma, hematoma, infection, and unsightly scarring. We present our technique of endoscopic harvest of the latissimus dorsi muscle based on 10 cadaveric dissections and 6 live patient surgical harvests. Balloon dissection using fascial clefts facilitates harvest. A transverse 4- to 5-cm posterior infraaxillary incision is made. Under direct visualization, the neurovascular pedicle is identified. A second transverse 1.5-cm

incision is made in the area of the auscultatory triangle just superior to the superior border of the latissimus dorsi muscle. Using this port, a General Surgical Innovations 1500-cc balloon dissector is inserted and inflated in the epimuscular plane. It is directed inferolaterally to the paraspinal muscular perforators and superior to the lumbar muscular perforators. This is repeated in the submuscular plane with a 750-cc balloon dissector. A 10-mm zero-degree endoscopic camera is inserted. A 5-mm lower lumbar incision port facilitates harvesting, which is accomplished by means of the posterior infraaxillary incision. The optical cavity in the epimuscular plane is maintained with CO₂ insufflation. The balloon device greatly speeds dissection and, if properly positioned, does not disrupt perforator blood supply. The latissimus dorsi muscle can be harvested either as a pedicled flat breast or chest-wall reconstruction or as a microvascular free-tissue transfer flap for more distant use. Endoscopic latissimus muscle harvest with balloon dissection technique is feasible, safe, and efficient in the clinical setting. There is potential for reduced donor-site morbidity and improve aesthetic result.

MEDICAL DESCRIPTORS:

*latissimus dorsi flap

adolescent; adult; article; balloon; clinical article; dissection; endoscopic surgery; female; human; male; plastic surgery; priority journal; surgical technique

SECTION HEADINGS:

009 Surgery

1/5/7 (Item 2 from file: 73)

DIALOG(R) File 73:EMBASE

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06800197 EMBASE No: 1997082682

Improving the efficiency, ease, and efficacy of endoscopic abdominoplasty

Ferraro F.J.; Zavitsanos G.P.; Van Buskirk E.R.; Rehnke R.D. ; Ruff G.L. ; Ritter E.F.

Dr. F.J. Ferraro, Division of Plastic Surgery, Duke University Medical Center, Durham, NC 27710 United States

Plastic and Reconstructive Surgery (PLAST. RECONSTR. SURG.) (United States) 1997, 99/3 (895-898)

CODEN: PRSUA ISSN: 0032-1052

DOCUMENT TYPE: Journal; Article

LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH

NUMBER OF REFERENCES: 4

Endoscopic abdominoplasty is an appropriate procedure for a highly select patient population. This procedure is enhanced, and the goals are more readily achieved, by the use of a balloon dissector. Our cadaveric and subsequent clinical experience has proven this technique to be safe and cost effective.

MEDICAL DESCRIPTORS:

*abdominal wall defect--surgery--su

abdominoplasty; adult; article; balloon; case report; endoscopic surgery; female; human; priority journal; surgical technique

SECTION HEADINGS:

009 Surgery

048 Gastroenterology

1/5/8 (Item 3 from file: 73)

DIALOG(R) File 73:EMBASE

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06044859 EMBASE No: 1995075147

Endoscopy of the upper extremity

Levin L.S.; Rehnke R. ; Eubanks S.

Duke University Medical Center, P.O. Box 3945, Durham, NC 27710 United States

Hand Clinics (HAND CLIN.) (United States) 1995, 11/1 (59-70)
CODEN: HACLE ISSN: 0749-0712
DOCUMENT TYPE: Journal; Review
LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH

Endoscopic techniques for surgery of the upper extremity show great promise based on recent discoveries of anatomic tissue planes. These planes can be dissected using new technology consisting of endoscopic balloons that create optical cavities that permit 'incisionless' surgery. This article contains a review of the anatomic principles, new surgical technology, and development of endoscopic tools, as well as an example of endoscopic tissue expansion placement for soft-tissue augmentation in the upper extremity. Endoscopic techniques as they relate to fractures, synovectomy, and peripheral nerve decompression are discussed.

MEDICAL DESCRIPTORS:

*arm injury--surgery--su; *endoscopic surgery; *fasciotomy; *forearm fracture--surgery--su; *fracture reduction; *nerve decompression adult; balloon; case report; equipment; female; human; open reduction; osteosynthesis; retractor; review; skin incision; surgical instrument; surgical technique; suturing method; synovectomy; tendon reconstruction; tendon transfer; tissue expansion

SECTION HEADINGS:

027 Biophysics, Bioengineering and Medical Instrumentation
033 Orthopedic Surgery

1/5/9 (Item 1 from file: 144)

DIALOG(R) File 144:Pascal

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12961319 PASCAL No.: 97-0237419

Endoscopic harvest of the latissimus dorsi muscle using the balloon dissection technique. Discussion

VAN BUSKIRK E R; REHNKE R D ; MONTGOMERY R L; EUBANKS S; FERRARO F J; LEVIN L S; EAVES F F III comment

Division of Plastic Surgery, The Emory Clinic, 1327 Clifton Rd. N.E., Atlanta, Ga. 30322, United States; Division of Plastic, Reconstructive, Maxillofacial and Oral Surgery and the Division of General Surgery at the Duke University Medical Center, United States; Department of Cell Biology and Anatomy at the University of North Carolina School of Medicine, United States

Annual Symposium of the International Society of Reconstructive Microsurgery, 12 (Singapore MYS) 1996-02-07

Journal: Plastic and reconstructive surgery : (1963), 1997, 99 (3) 899-905

ISSN: 0032-1052 Availability: INIST-11075; 354000064349230410

No. of Refs.: 14 ref.

Document Type: P (Serial); C (Conference Proceedings) ; A (Analytic)

Country of Publication: United States

Language: English

English Descriptors: Samplings; Endoscopy; Latissimus dorsi muscle; Donor site; Dissection; Balloon; Technique; Result; Reconstruction; Mammary gland; Treatment; Cadaver; Human

Broad Descriptors: Surgery; Chirurgie; Cirugia

French Descriptors: Prelevement; Endoscopie; Muscle grand dorsal; Site donneur; Dissection; Ballon sonde; Technique; Resultat; Reconstruction; Glande mammaire; Traitement; Cadavre; Homme

Classification Codes: 002B25K

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1/5/10 (Item 2 from file: 144)

DIALOG(R)File 144:Pascal
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12961318 PASCAL No.: 97-0237418

Improving the efficiency, ease, and efficacy of endoscopic abdominoplasty
FERRARO F J; ZAVITSANOS G P; VAN BUSKIRK E R; REHNKE R D ; RUFF G L;

RITTER E F

Department of Plastic, Reconstructive, Maxillofacial and Oral Surgery at
the Duke University Medical Center, United States

Journal: Plastic and reconstructive surgery : (1963), 1997, 99 (3)
895-898

ISSN: 0032-1052 Availability: INIST-11075; 354000064349230400

No. of Refs.: 4 ref.

Document Type: P (Serial) ; A (Analytic)

Country of Publication: United States

Language: English

English Descriptors: Plasty; Abdomen; Endoscopic surgery; Efficiency;

Technique; Case study; Treatment; Adult; Female

Broad Descriptors: Human; Surgery; Homme; Chirurgie; Hombre; Cirugia

French Descriptors: Plastie; Abdomen; Chirurgie endoscopique; Efficacite;

Technique; Etude cas; Traitement; Adulte; Femelle

Classification Codes: 002B25G04

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1/5/11 (Item 3 from file: 144)

DIALOG(R)File 144:Pascal

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12009320 PASCAL No.: 95-0198463

Endoscopy of the upper extremity

Advanced wrist arthroscopy and endoscopy

SCOTT LEVIN L; REHNKE R ; RUBANKS S

LEE OSTERMAN A, ed

Duke univ. medical cent., Durham NC 27710, USA

Philadelphia hand cent., Philadelphia PA 19107, USA

Journal: Hand clinics, 1995, 11 (1) VII, 59-70 (13 p.)

ISSN: 0749-0712 CODEN: HACLEO Availability: INIST-21328;
354000055636310090

No. of Refs.: 3 ref.

Document Type: P (Serial) ; A (Analytic)

Country of Publication: USA

Language: English

Endoscopic techniques for surgery of the upper extremity show great promise based on recent discoveries of anatomic tissue planes. These planes can be dissected using new technology consisting of endoscopic balloons that create optical cavities that permit incisionless surgery. This article contains a review of the anatomic principles, new surgical technology, and development of endoscopic tools, as well as an example of endoscopic tissue expansion placement for soft-tissue augmentation in the upper extremity. Endoscopic techniques as they relate to fractures, synovectomy, and peripheral nerve decompression are discussed

Classification Codes: 002B25I

1/5/12 (Item 1 from file: 155)

DIALOG(R)File 155:MEDLINE(R)

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13373239 PMID: 9047218

Endoscopic harvest of the latissimus dorsi muscle using the balloon

dissection technique.

Van Buskirk E R; Rehnke R D ; Montgomery R L; Eubanks S; Ferraro F J; Levin L S

Division of Plastic, Reconstructive, Maxillofacial and Oral Surgery, Duke University Medical Center, Durham, N.C., USA.

Plastic and reconstructive surgery (UNITED STATES) Mar 1997, 99 (3) p899-903; discussion 904-5, ISSN 0032-1052 Journal Code: 1306050

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: Completed

Subfile: AIM; INDEX MEDICUS

Tags: Female; Human; Male

Descriptors: *Dissection--methods--MT; *Endoscopy--methods--MT; *Muscle, Skeletal--surgery--SU; Cadaver; Dissection--instrumentation--IS; Endoscopes ; Surgical Flaps

Record Date Created: 19970325

Record Date Completed: 19970325

1/5/13 (Item 2 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 2004 The Dialog Corp. All rts. reserv.

13373238 PMID: 9047217

Improving the efficiency, ease, and efficacy of endoscopic abdominoplasty.

Ferraro F J; Zavitsanos G P; Van Buskirk E R; Rehnke R D ; Ruff G L; Ritter E F

Department of Plastic, Reconstructive, Maxillofacial and Oral Surgery, Duke University Medical Center, Durham, N.C., USA.

Plastic and reconstructive surgery (UNITED STATES) Mar 1997, 99 (3) p895-8, ISSN 0032-1052 Journal Code: 1306050

Document type: Case Reports; Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: Completed

Subfile: AIM; INDEX MEDICUS

Tags: Female; Human

Descriptors: *Abdominal Muscles--surgery--SU; *Endoscopy--methods--MT; *Lipectomy--methods--MT; Adult

Record Date Created: 19970325

Record Date Completed: 19970325

1/5/14 (Item 3 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 2004 The Dialog Corp. All rts. reserv.

12630464 PMID: 7751332

Endoscopic surgery of the upper extremity.

Levin L S; Rehnke R ; Eubanks S

Duke University Medical Center, Durham, North Carolina, USA.

Hand clinics (UNITED STATES) Feb 1995, 11 (1) p59-70, ISSN 0749-0712 Journal Code: 8510415

Document type: Case Reports; Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: Completed

Subfile: INDEX MEDICUS

Endoscopic techniques for surgery of the upper extremity show great promise based on recent discoveries of anatomic tissue planes. These planes can be dissected using new technology consisting of endoscopic balloons that create optical cavities that permit "incisionless" surgery. This article contains a review of the anatomic principles, new surgical technology, and development of endoscopic tools, as well as an example of endoscopic tissue expansion placement for soft-tissue augmentation in the

upper extremity. Endoscopic techniques as they relate to fractures, synovectomy, and peripheral nerve decompression are discussed.

Tags: Female; Human

Descriptors: *Arm--surgery--SU; *Endoscopy; Balloon Dilatation; Endoscopes; Middle Aged

Record Date Created: 19950620

Record Date Completed: 19950620

1/5/15 (Item 1 from file: 434)

DIALOG(R)File 434:SciSearch(R) Cited Ref Sci

(c) 1998 Inst for Sci Info. All rts. reserv.

07598811 Genuine Article#: E4894 Number of References: 0

Title: CONDUCTION SYSTEM INJURY ASSOCIATED WITH ST THOMAS CARDIOPLEGIA

Author(s): BUHRMAN WC; MOLTER DW; REHNKE RD ; BLADERGROEN MR; BLANCHARD SM
; LOWE JE

Corporate Source: DUKE UNIV,MED CTR/DURHAM//NC/27710

Journal: CIRCULATION, 1986, V74, N4, P258

Language: ENGLISH Document Type: MEETING ABSTRACT

Geographic Location: USA

Subfile: SciSearch; CC LIFE--Current Contents, Life Sciences; CC CLIN--
Current Contents, Clinical Medicine

Journal Subject Category: CARDIOVASCULAR SYSTEM; HEMATOLOGY

Set	Items	Description
S1	1901	(INCISION OR CUT) (5N) SKIN
S2	1324860	INSERT? OR EMBED? OR IMPLANT?
S3	322	(ADVANCE OR ADVANCEMENT OR FORWARD OR FURTHERANCE) () DEVICE
S4	2695	FASCIAL() (CLEFT OR MEMBRANES OR COMPARTMENT OR CLEAVAGE OR TWO() CONTIGUOUS) OR FASCIA
S5	3449059	CREATE OR GENERATE? OR PRODUCE? OR DEVELOP? OR ESTABLISH?
S6	18	TISSUE() POCKET
S7	2765923	INFLAT? OR INCREAS? OR EXTEND?
S8	2836778	FLUID OR LIQUID OR GAS
S9	559964	DISSECT OR SEPARATE
S10	435	TISSUE() LAYER?
S11	62987	DEFLAT? OR COLLAPS?
S12	15820	REMOV? () DEVICE
S13	8	(INSERT? OR EMBED? OR IMPLANT?) () PROTHE?
S14	7	TISSUE() EXPAND? () DEVICE?
S15	377	S1 AND S2
S16	0	S3 AND S4
S17	5	S5 AND S6
S18	459158	S7 AND S8
S19	7	S18 AND S9 AND S10
S20	64	S11 AND S12
S21	0	S20 AND S13
S22	0	S21 AND S14
S23	0	S14 AND S20
S24	10	S20 AND S8
S25	33	S13 OR S14 OR S17 OR S19 OR S24
S26	14	S25 AND IC=A61F?

File 347: JAPIO Nov 1976-2004/Feb (Updated 040607)

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File 350: Derwent WPIX 1963-2004/UD,UM &UP=200442

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26/5/3 (Item 2 from file: 350)
DIALOG(R)File 350:Derwent WPIX
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015913133 **Image available**
WPI Acc No: 2004-070973/200407
Related WPI Acc No: 2000-398881
XRPX Acc No: N04-057158

Surgical dissecting method for creating working space in breast, involves
inflating tissue expanding device to dissect tissue layers
defining fascial cleft between chest wall and pectoralis major muscle to
create tissue pocket

Patent Assignee: REHNKE R D (REHN-I)
Inventor: REHNKE R D
Number of Countries: 001 Number of Patents: 001
Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
US 20040006388	A1	20040108	US 96622341	A	19960321	200407 B
			US 97865824	A	19970530	
			US 2000525599	A	20000314	
			US 2003614763	A	20030708	

Priority Applications (No Type Date): US 97865824 A 19970530; US 96622341 A
19960321; US 2000525599 A 20000314; US 2003614763 A 20030708

Patent Details:

Patent No	Kind	Lan	Pg	Main IPC	Filing Notes
US 20040006388	A1		10	A61F-002/12	CIP of application US 96622341 Div ex application US 97865824 Cont of application US 2000525599 Div ex patent US 6055989

Abstract (Basic): US 20040006388 A1

NOVELTY - The method involves inserting and advancing an
inflatable tissue expanding device through an incision made
through a skin. The device is **inflated** with a **fluid** to **dissect**
tissue layers defining fascial cleft (16) between a chest wall and a
pectoralis major muscle to anatomical boundaries of the cleft. The
tissue is dissected to **create a tissue pocket** to the boundaries
of the layers. The device is deflated and removed.

USE - Used for dissecting **tissue layers** to **create** an anatomic
working space to perform laparoscopy in breast, forearm, leg and brow.

ADVANTAGE - The device can be tunneled in from a remote incision to
a desired location where tissue expansion is to occur, thereby allowing
immediate tissue dissection of the pocket and immediate initiation of
expansion without the need to permit a local incision to heal.

DESCRIPTION OF DRAWING(S) - The drawing shows a cross sectional
view of a human cutaneous tissue and a balloon dissector utilized to
form a **tissue pocket** between the superficial fascial and deep
fascia.

Subcutaneous fat (10)
Dermis layer (11)
Superficial fascia (14)
Fascial cleft (16)
Deep fascia (18)
pp; 10 DwgNo 4/7

Title Terms: SURGICAL; **DISSECT**; METHOD; WORK; SPACE; BREAST; **INFLATE**;
TISSUE; EXPAND; DEVICE; **DISSECT**; TISSUE; LAYER; DEFINE; CLEFT; CHEST;
WALL; MAJOR; MUSCLE; TISSUE; POCKET

Derwent Class: P32

International Patent Class (Main): **A61F-002/12**

International Patent Class (Additional): **A61F-002/04**

File Segment: EngPI

26/5/4 (Item 3 from file: 350)
DIALOG(R)File 350:Derwent WPIX

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012553280 **Image available**

WPI Acc No: 1999-359386/199931

Related WPI Acc No: 1996-485524; 1997-202015; 1998-195201; 2002-722538

XRAM Acc No: C99-106518

XRPX Acc No: N99-267672

Medical device, especially stent for implant into body, comprising coating containing active agent for controlled release of agent

Patent Assignee: SCHNEIDER USA INC (PFIZ); BOSTON SCI SCIMED INC (BOST-N)

Inventor: DING N; HELMUS M N

Number of Countries: 027 Number of Patents: 007

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
EP 923953	A2	19990623	EP 98202050	A	19980619	199931 B
JP 11199471	A	19990727	JP 98220983	A	19980630	199940
US 6099562	A	20000808	US 96663518	A	19960613	200040
			US 97996410	A	19971222	
US 6284305	B1	20010904	US 96663518	A	19960613	200154
			US 97996410	A	19971222	
			US 2000573506	A	20000518	
US 20020004101	A1	20020110	US 95424884	A	19950419	200208
			US 95526273	A	19950911	
			US 96663518	A	19960613	
			US 97996410	A	19971222	
			US 2000573506	A	20000518	
			US 2001942716	A	20010830	
US 6620194	B2	20030916	US 95424884	A	19950419	200362
			US 95526273	A	19950911	
			US 96663518	A	19960613	
			US 97996410	A	19971222	
			US 2000573506	A	20000518	
			US 2001942716	A	20010830	
US 20040049265	A1	20040311	US 95424884	A	19950419	200419
			US 95526273	A	19950911	
			US 96663518	A	19960613	
			US 97996410	A	19971222	
			US 2000573506	A	20000518	
			US 2001942716	A	20010830	
			US 2003603115	A	20030624	

Priority Applications (No Type Date): US 97996410 A 19971222; US 96663518 A 19960613; US 2000573506 A 20000518; US 95424884 A 19950419; US 95526273 A 19950911; US 2001942716 A 20010830; US 2003603115 A 20030624

Patent Details:

Patent No	Kind	Lan	Pg	Main IPC	Filing Notes
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EP 923953	A2	E	22	A61L-031/00	
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Designated States (Regional): AL AT BE CH CY DE DK ES FI FR GB GR IE IT
LI LT LU LV MC MK NL PT RO SE SI

JP 11199471	A	58	A61K-009/00	
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US 6099562	A		A61F-002/06	CIP of application US 96663518
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US 6284305	B1		A61L-013/00	CIP of application US 96663518
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Div ex application US 97996410

Div ex patent US 6099562

CIP of patent US 6120536

US 20020004101	A1		A61L-002/00	CIP of application US 95424884
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CIP of application US 95526273

CIP of application US 96663518

Div ex application US 97996410

Cont of application US 2000573506

Div ex patent US 6099562

CIP of patent US 6120536

Cont of patent US 6284305

US 6620194	B2		A61F-002/06	CIP of application US 95424884
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CIP of application US 95526273

CIP of application US 96663518

Div ex application US 97996410

US 20040049265 A1 A61F-002/06 Cont of application US 2000573506
Div ex patent US 6099562
CIP of patent US 6120536
Cont of patent US 6284305
CIP of application US 95424884
CIP of application US 95526273
CIP of application US 96663518
Div ex application US 97996410
Cont of application US 2000573506
Cont of application US 2001942716
Div ex patent US 6099562
CIP of patent US 6120536
Cont of patent US 6284305
Cont of patent US 6620194

Abstract (Basic): EP 923953 A2

NOVELTY - Medical device coated with coating comprising undercoat comprising biologically active substance and topcoat to control release of biologically active substance

DETAILED DESCRIPTION - Medical device comprises a portion which is implantable into the body of a patient. At least part of this portion is covered with a coating (102) for release of a biologically active material (105). The coating comprises an undercoat (103) with an outer surface and comprising a polymeric material incorporating the biologically active material for timed release. The coating also comprises a topcoat (104) which covers less than the entire outer surface of the undercoat and comprising a polymeric material free of pores and pore forming materials.

INDEPENDENT CLAIMS are included for:

(1) coating an implantable stent prosthesis with an implantable portion at least partly covered with a coating for release of a biological material, comprising:

(a) applying an undercoat comprising a polymeric material and the biologically active material to the stent; and

(b) applying a topcoat comprising a polymeric material free of pores and pore-forming materials over the surface of the undercoat; and

(2) a method of using a stent prosthesis as above comprising implanting it into the body of a patient and allowing the biologically active material to be released such that the topcoat limits the burst release of the biologically active material

USE - The medical device is especially a stent

ADVANTAGE - The coating provides effective, long term control of active agent release. The coating may be applied to a wide range of stents

DESCRIPTION OF DRAWING(S) - The figure shows the surface of an **implantable prothesis** .

coating (102)

undercoat (103)

topcoat (104)

biologically active material (105)

pp; 22 DwgNo 9/9

Title Terms: MEDICAL; DEVICE; STENT; IMPLANT; BODY; COMPRISE; COATING;

CONTAIN; ACTIVE; AGENT; CONTROL; RELEASE; AGENT

Derwent Class: A96; B07; D22; P32; P34; P42

International Patent Class (Main): **A61F-002/06** ; A61K-009/00; A61L-002/00; A61L-013/00; A61L-031/00

International Patent Class (Additional): **A61F-002/00** ; A61M-037/00; B05D-003/00

File Segment: CPI; EngPI

26/5/6 (Item 5 from file: 350)

DIALOG(R) File 350:Derwent WPIX

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012298829 **Image available**

WPI Acc No: 1999-104935/199909

Related WPI Acc No: 1998-239806; 2000-012734
XRPX Acc No: N99-075842

Tissue pocket dissection and expansion method for plastic surgery applications - involves dissection of pectoral fascia layer and insertion of inflatable balloon into axillary incision to dissect tissue layers to create pocket volume, adjustable allowing tissue expansion

Patent Assignee: GEN SURGICAL INNOVATIONS INC (GESU-N)

Inventor: YOUNG R A

Number of Countries: 021 Number of Patents: 002

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
US 5855588	A	19990105	US 96726072	A	19961003	199909 B
			US 97933406	A	19970919	
WO 9915110	A1	19990401	WO 98US14917	A	19980717	199920

Priority Applications (No Type Date): US 97933406 A 19970919; US 96726072 A 19961003

Patent Details:

Patent No	Kind	Lan	Pg	Main IPC	Filing Notes
US 5855588	A		13	A61F-002/12	CIP of application US 96726072 CIP of patent US 5776159

WO 9915110 A1 E A61F-002/12

Designated States (National): CA JP

Designated States (Regional): AT BE CH CY DE DK ES FI FR GB GR IE IT LU
MC NL PT SE

Abstract (Basic): US 5855588 A

The tissue dissection and expansion method involves dissecting the layer of pectoral fascia (14) in a female breast (8) and then inserting a combination dissector/expander in the form of an inflatable balloon (32) into the axillary incision. When a subglandular implant is needed, the balloon is positioned between the glandular breast tissue (10) and the pectoralis major muscle (25). The balloon is inflated with a fluid (e.g. saline solution) to a selected fill volume or pressure such that inflation causes a side portion of the balloon to unroll and a distal portion to evert. The fluid volume is reduced to a level appropriate for long term tissue expansion and then adjusted to gradually expand the dissected tissue pocket over a predetermined period of time.

ADVANTAGE- Easy to use and more economical.

Dwg.2a/9

Title Terms: TISSUE; POCKET; DISSECT ; EXPAND; METHOD; PLASTIC; SURGICAL; APPLY; DISSECT ; PECTORAL; FASCIA; LAYER; INSERT; INFLATE ; BALLOON; AXILLARY; INCISION; DISSECT ; TISSUE; LAYER; POCKET; VOLUME; ADJUST; ALLOW; TISSUE; EXPAND

Derwent Class: P32

International Patent Class (Main): A61F-002/12

File Segment: EngPI

26/5/7 (Item 6 from file: 350)

DIALOG(R) File 350:Derwent WPIX

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011822896 **Image available**

WPI Acc No: 1998-239806/199821

Related WPI Acc No: 1999-104935; 2000-012734

XRPX Acc No: N98-189714

Method to dissect and expand tissue pocket for use in plastic surgery - involves making incision through skin, inserting inflatable device to desired location, inflating device to create pocket and adjusting pressure for expansion

Patent Assignee: GEN SURGICAL INNOVATIONS INC (GESU-N); GEN SURGICAL INNOVATION INC (GESU-N)

Inventor: YOUNG R A

Number of Countries: 021 Number of Patents: 011

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
WO 9814123	A1	19980409	WO 97US11580	A	19970630	199821 B
US 5776159	A	19980707	US 96726072	A	19961003	199834
US 5871497	A	19990216	US 96726072	A	19961003	199914
			US 97999337	A	19971229	
EP 963180	A1	19991215	EP 97931534	A	19970630	200003
			WO 97US11580	A	19970630	
JP 2000507483	W	20000620	WO 97US11580	A	19970630	200036
			JP 98516501	A	19970630	
EP 963180	B1	20021002	EP 97931534	A	19970630	200272
			WO 97US11580	A	19970630	
DE 69716136	E	20021107	DE 616136	A	19970630	200281
			EP 97931534	A	19970630	
			WO 97US11580	A	19970630	
JP 3385033	B2	20030310	WO 97US11580	A	19970630	200321
			JP 98516501	A	19970630	
ES 2182103	T3	20030301	EP 97931534	A	19970630	200322
CA 2445564	A1	19980409	CA 2267308	A	19970630	200403
			CA 2445564	A	19970630	
CA 2267308	C	20040127	CA 2267308	A	19970630	200412
			WO 97US11580	A	19970630	

Priority Applications (No Type Date): US 96726072 A 19961003; US 97999337 A 19971229

Patent Details:

Patent No	Kind	Lan	Pg	Main IPC	Filing Notes
WO 9814123	A1	E	27	A61B-017/32	
					Designated States (National): CA JP
					Designated States (Regional): AT BE CH DE DK ES FI FR GB GR IE IT LU MC NL PT SE
US 5776159	A			A61F-002/12	
US 5871497	A			A61B-017/00	Div ex application US 96726072
					Div ex patent US 5776159
EP 963180	A1	E			Based on patent WO 9814123
					Designated States (Regional): AT BE CH DE DK ES FI FR GB GR IE IT LI LU MC NL PT SE
JP 2000507483	W		23	A61B-017/00	Based on patent WO 9814123
EP 963180	B1	E		A61B-017/32	Based on patent WO 9814123
					Designated States (Regional): AT BE CH DE DK ES FI FR GB GR IE IT LI LU MC NL PT SE
DE 69716136	E			A61B-017/32	Based on patent EP 963180
					Based on patent WO 9814123
JP 3385033	B2		9	A61B-017/00	Previous Publ. patent JP 200007483
					Based on patent WO 9814123
ES 2182103	T3			A61B-017/32	Based on patent EP 963180
CA 2445564	A1	E		A61B-017/32	Div ex application CA 2267308
CA 2267308	C	E		A61B-017/32	Based on patent WO 9814123

Abstract (Basic): WO 9814123 A

The method involves using a balloon (32) to **dissect** a **tissue pocket** under the skin (11) and to expand the **tissue pocket**. An incision is made through the skin to access the desired **tissue layers** (10,25). The balloon is inserted into the incision and advanced between the **tissue layers** to the location where the **tissue pocket** is to be created.

The **tissue layers** are dissected to **create** the pocket by **inflating** the balloon with a **fluid** to a selected volume or pressure. The **fluid** volume of the device is then reduced to a level appropriate for long term tissue expansion, and the dissected **tissue pocket** is gradually expanded by adjusting the fill volume of the device over a predetermined period of time.

USE - Breast enlargement.

ADVANTAGE - Combines tissue dissection and long term tissue expansion in one operation. Long term tissue expansion reduces cell necrosis.

Dwg.2a/4

Title Terms: METHOD; **DISSECT**; EXPAND; TISSUE; POCKET; PLASTIC; SURGICAL;

INCISION; THROUGH; SKIN; INSERT; **INFLATE** ; DEVICE; LOCATE; **INFLATE** ;
DEVICE; POCKET; ADJUST; PRESSURE; EXPAND
Derwent Class: P31; P32; P34
International Patent Class (Main): A61B-017/00; A61B-017/32; **A61F-002/12**
International Patent Class (Additional): A61M-029/02; G06F-017/30
File Segment: EngPI

26/5/8 (Item 7 from file: 350)
DIALOG(R)File 350:Derwent WPIX
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009674787 **Image available**
WPI Acc No: 1993-368340/199346
XRPX Acc No: N93-284383

Tissue expansion method - involves passing deflated tissue expander device subcutaneously from insertion site to tissue expansion site prior to partial inflation

Patent Assignee: ROSENBERG P H (ROSE-I)
Inventor: ROSENBERG P H
Number of Countries: 018 Number of Patents: 002
Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
WO 9321850	A1	19931111	WO 93US4476	A	19930504	199346 B
US 5425760	A	19950620	US 92878161	A	19920504	199530
			US 94285490	A	19940803	

Priority Applications (No Type Date): US 92878161 A 19920504; US 94285490 A 19940803

Cited Patents: US 5002531

Patent Details:

Patent No	Kind	Lan	Pg	Main IPC	Filing Notes
WO 9321850	A1	E	16	A61B-019/00	
Designated States (National): JP					
Designated States (Regional): AT BE CH DE DK ES FR GB GR IE IT LU MC NL PT SE					
US 5425760	A		5	A61F-002/12	Cont of application US 92878161

Abstract (Basic): WO 9321850 A

The method comprises the steps of: inserting a substantially firm first device at an insertion site which is remote from a tissue expansion site and passing the first device subcutaneously from the insertion site to the tissue expansion site. It involves withdrawing the first device and inserting a deflated **tissue expander device** at the insertion site.

It involves passing at least an inflatable portion of the deflated **tissue expander device** subcutaneously from the insertion site to the tissue expansion site. It then involves at least partially inflating the inflatable portion of the **tissue expander device** to expand tissue at the tissue expansion site.

USE - Permit remote subcutaneous insertion of balloon-like tissue expander near scar tissue etc.

Dwg.1,2/5

Title Terms: TISSUE; EXPAND; METHOD; PASS; DEFLATE; TISSUE; EXPAND; DEVICE; SUBCUTANEOUS; INSERT; SITE; TISSUE; EXPAND; SITE; PRIOR; INFLATE

Derwent Class: P31; P32

International Patent Class (Main): A61B-019/00; **A61F-002/12**

File Segment: EngPI

26/5/10 (Item 9 from file: 350)
DIALOG(R)File 350:Derwent WPIX
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004770265
WPI Acc No: 1986-273606/198642
XRAM Acc No: C86-118387

XRPX Acc No: N86-204231

Implantable device for controlled expansion of tissue - has separately inflatable large lower and small upper envelopes

Patent Assignee: DOW CORNING CORP (DOWO)

Inventor: JAKUBCZAK E R

Number of Countries: 011 Number of Patents: 007

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
EP 197726	A	19861015	EP 86302324	A	19860327	198642 B
AU 8655619	A	19861009				198647
US 4651717	A	19870324	US 85719926	A	19850404	198714
ZA 8601352	A	19870623	ZA 861352	A	19860224	198739
CA 1249103	A	19890124				198911
EP 197726	B	19920115				199203
DE 3683389	G	19920227				199210

Priority Applications (No Type Date): US 85719926 A 19850404

Cited Patents: A3...8844; DE 2224963; EP 115384; GB 2021954; No-SR.Pub; US 4125117; US 4433440

Patent Details:

Patent No	Kind	Lan Pg	Main IPC	Filing Notes
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EP 197726	A	E 18		
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Designated States (Regional): CH DE FR GB IT LI NL

EP 197726	B			
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Designated States (Regional): CH DE FR GB IT LI NL

Abstract (Basic): EP 197726 B

A device comprises an envelope inflatable with biocompatible fluid and having members attached to the lower half for securing to an underlying body member below the tissue to hold the envelope in position, and a second inflatable envelope attached to the first on the side opposite the underlying member and separately inflatable from the first. The second envelope is smaller than the first so that tissue over it is expanded more than the remaining tissue over the first envelope. The envelopes are pref. opt. silicone elastomer, the first contains a shape retainer, and the vol. capacity of the second is no more than half that of the first.

USE/ADVANTAGE - For reconstructive plastic surgery, to provide a flap of complex shape to match a subsequent implant. (18pp
Dwg.No.0/0)

Title Terms: IMPLANT; DEVICE; CONTROL; EXPAND; TISSUE; SEPARATE; INFLATE; LOWER; UPPER; ENVELOPE

Derwent Class: A96; D22; P31; P32; P34

International Patent Class (Additional): A61B-019/00; **A61F-002/12** ;

A61M-029/02

File Segment: CPI; EngPI

26/5/11 (Item 10 from file: 350)

DIALOG(R)File 350:Derwent WPIX

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004584127

WPI Acc No: 1986-087471/198613

XRPX Acc No: N86-063844

Soft tissue expander device - has injection port to admit fluid and cause two-stage expansion of cover w.r.t. base

Patent Assignee: MANDERS E K (MAND-I)

Inventor: MANDERS E K

Number of Countries: 009 Number of Patents: 007

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
US 4574780	A	19860311	US 84670623	A	19841113	198613 B
EP 181720	A	19860521	EP 85307687	A	19851024	198621
AU 8549818	A	19860522				198628
ZA 8508695	A	19860703				198639
CA 1251371	A	19890321				198916

EP 181720 B 19900516 199020
DE 3577650 G 19900621 199026

Priority Applications (No Type Date): US 84670623 A 19841113
Cited Patents: A3...8720; GB 2047101; No-SR.Pub; US 1643289; US 3852832; US 3883902; US 3924634; US 4157085; US 4217889

Patent Details:

Patent No Kind Lan Pg Main IPC Filing Notes

US 4574780 A 10

EP 181720 A E

Designated States (Regional): DE FR GB IT SE

EP 181720 B

Designated States (Regional): DE FR GB IT SE

Abstract (Basic): US 4574780 A

The expander comprises a flexible base and an expandable cover joined to the periphery of the base to define a fluid tight chamber. A fluid injection port communicates with the interior of the chamber for admitting fluid into the chamber to expand the cover. The cover includes a first limited expansion portion expandable by initial fluid injected through the port.

A differential expansion portion adjacent the limited expansion portion is expandable by the initial injected fluid from a collapsed position overlying the base. It can then undergo further expansion. Upon implantation of the base and collapsed cover beneath a soft tissue layer of skin and subcutaneous tissue, injection of fluid through the port and into the cavity first expands both the first and second cover portions together with the tissue overlying such portions, and then expands the second cover portion. (10pp Dwg.No.1/15)

Title Terms: SOFT; TISSUE; EXPAND; DEVICE; INJECTION; PORT; ADMIT; FLUID; CAUSE; TWO; STAGE; EXPAND; COVER; BASE

Derwent Class: P31; P32

International Patent Class (Additional): A61B-017/32; A61B-019/00;

A61F-002/10

File Segment: EngPI

26/5/12 (Item 11 from file: 350)

DIALOG(R)File 350:Derwent WPIX

(c) 2004 Thomson Derwent. All rts. reserv.

002247801

WPI Acc No: 1979-46997B/197925

Surgically implantable tissue expanding device - comprising semipermeable envelope containing soln. of high osmotic pressure

Patent Assignee: DOW CORNING CORP (DOWO)

Inventor: AUSTAD E D

Number of Countries: 003 Number of Patents: 004

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
US 4157085	A	19790605				197925 B
JP 54131394	A	19791012				197947
CA 1118156	A	19820216				198211
JP 82045575	B	19820928				198242

Priority Applications (No Type Date): US 78889787 A 19780324

Abstract (Basic): US 4157085 A

A surgically implantable device for expanding skin tissue and mucous membrane consists of a partially collapsed envelope of semipermeable membrane, permeable to body fluids, contg. a material having sufficient osmotic pressure to draw fluid into the envelope. The device expands after implantation, causing an increase in skin area over it.

The device is constructed of a polymer, e.g. cellulose acetate, polyurethane, polyamide, PVA, polyethylene, PVC, natural rubber etc.; esp. silicone rubber. It is filled with a soln. contg. e.g. MgCl₂, Na

acetate, (NH₄)₂SO₄, sucrose, glycerine, PVP, Ca lactate, CMC, urea, proteins, dextrans, etc.; esp. NaCl.

The device is used to generate new skin for grafting, cosmetic surgery, to make room for mammary prostheses, etc. It does not require a connecting tube to the exterior of the body, or periodic injection of filling medium. The tissue generated has an adequate vascular supply.

Title Terms: SURGICAL; IMPLANT; TISSUE; EXPAND; DEVICE; COMPRISE;

SEMIPERMEABLE; ENVELOPE; CONTAIN; SOLUTION; HIGH; OSMOSIS; PRESSURE

Derwent Class: A96; D22; P31; P32

International Patent Class (Additional): A61B-019/00; **A61F-001/00**

File Segment: CPI; EngPI

Set	Items	Description
S1	4110	(INCISION OR CUT) (5N) SKIN
S2	573794	INSERT? OR EMBED? OR IMPLANT?
S3	380	(ADVANCE OR ADVANCEMENT OR FORWARD OR FURTHERANCE) () DEVICE
S4	3012	FASCIAL() (CLEFT OR MEMBRANES OR COMPARTMENT OR CLEAVAGE OR TWO() CONTIGUOUS) OR FASCIA
S5	1207436	CREATE OR GENERATE? OR PRODUCE? OR DEVELOP? OR ESTABLISH?
S6	42	TISSUE() POCKET
S7	1146061	INFLAT? OR INCREASE? OR EXTEND?
S8	756580	FLUID OR LIQUID OR GAS
S9	846486	DISSECT OR SEPARATE
S10	2331	TISSUE() LAYER?
S11	57857	DEFLAT? OR COLLAPSE?
S12	3268	REMOVE? () DEVICE
S13	386	(INSERT? OR EMBED? OR IMPLANT?) () PROTHE?
S14	29	TISSUE() EXPAND? () DEVICE?
S15	1544	S1 (S) S2
S16	0	S3 (S) S4
S17	19	S5 (S) S6
S18	247525	S7 (S) S8
S19	28	S18 (S) S9 (S) S10
S20	51	S11 (S) S12
S21	0	S20 (S) S13
S22	0	S20 (S) S14
S23	13	S20 (S) S8
S24	0	S6 AND S13
S25	124	S14 OR S17 OR S19 OR S20 OR S23
S26	35	S25 AND IC=A61F?

File 348:EUROPEAN PATENTS 1978-2004/Jun W03

(c) 2004 European Patent Office

File 349:PCT FULLTEXT 1979-2002/UB=20040701,UT=20040624

(c) 2004 WIPO/Univentio

26/5,K/3 (Item 3 from file: 348)
DIALOG(R)File 348:EUROPEAN PATENTS
(c) 2004 European Patent Office. All rts. reserv.

00944571

COMBINATION DISSECTOR AND EXPANDER
KOMBINIERTES DISSEKTOR/EXPANDER-INSTRUMENT
INSTRUMENT DE DISSECTION ET EXTENSEUR COMBINES
PATENT ASSIGNEE:

GENERAL SURGICAL INNOVATION, Inc., (1655162), 10640 Bubb Road, Cupertino,
California 95014, (US), (Proprietor designated states: all)

INVENTOR:

YOUNG, Roderick, A., 633 Coleridge, Palo Alto, CA 94301, (US)

LEGAL REPRESENTATIVE:

Viering, Jentschura & Partner (100645), Postfach 22 14 43, 80504 Munchen,
(DE)

PATENT (CC, No, Kind, Date): EP 963180 A1 991215 (Basic)

EP 963180 B1 021002

WO 98014123 980409

APPLICATION (CC, No, Date): EP 97931534 970630; WO 97US11580 970630

PRIORITY (CC, No, Date): US 726072 961003

DESIGNATED STATES: AT; BE; CH; DE; DK; ES; FI; FR; GB; GR; IE; IT; LI; LU;
MC; NL; PT; SE

INTERNATIONAL PATENT CLASS: A61B-017/32; **A61F-002/12**

CITED PATENTS (EP B): EP 183496 A; EP 197726 A; WO 96/28098 A; US 4701230 A
; US 5147398 A; US 5258026 A; US 5331975 A; US 5496345 A

CITED PATENTS (WO A): A A X

NOTE:

No A-document published by EPO

LEGAL STATUS (Type, Pub Date, Kind, Text):

Examination: 010711 A1 Date of dispatch of the first examination
report: 20010528

Application: 980812 A1 International application (Art. 158(1))

Lapse: 031217 B1 Date of lapse of European Patent in a
contracting state (Country, date): AT
20021002, BE 20021002, CH 20021002, LI
20021002, FI 20021002, GR 20021002, NL
20021002, PT 20030102, SE 20030102,

Lapse: 030924 B1 Date of lapse of European Patent in a
contracting state (Country, date): AT
20021002, CH 20021002, LI 20021002, GR
20021002, NL 20021002, PT 20030102, SE
20030102,

Oppn None: 030924 B1 No opposition filed: 20030703

Lapse: 030730 B1 Date of lapse of European Patent in a
contracting state (Country, date): GR
20021002, NL 20021002, PT 20030102, SE
20030102,

Lapse: 030716 B1 Date of lapse of European Patent in a
contracting state (Country, date): PT
20030102, SE 20030102,

Assignee: 021127 B1 Transfer of rights to new proprietor: General
Surgical Innovations, Inc. (3186130) 150 Glover
Avenue Norwalk, CT 06856 US

Change: 020508 A1 International Patent Classification changed:
20020319

Grant: 021002 B1 Granted patent

Lapse: 030702 B1 Date of lapse of European Patent in a
contracting state (Country, date): SE
20030102,

Lapse: 030723 B1 Date of lapse of European Patent in a
contracting state (Country, date): NL
20021002, PT 20030102, SE 20030102,

Lapse: 030910 B1 Date of lapse of European Patent in a
contracting state (Country, date): AT
20021002, GR 20021002, NL 20021002, PT
20030102, SE 20030102,

. Lapse: 031022 B1 Date of lapse of European Patent in a
 contracting state (Country, date): AT
 20021002, CH 20021002, LI 20021002, FI
 20021002, GR 20021002, NL 20021002, PT
 20030102, SE 20030102,
 Application: 991215 A1 Published application with search report
 Examination: 991215 A1 Date of request for examination: 19990430
 Search Report: 991215 A1 Date of drawing up and dispatch of
 supplementary:search report 19991004

LANGUAGE (Publication,Procedural,Application): English; English; English
 FULLTEXT AVAILABILITY:

Available Text	Language	Update	Word Count
CLAIMS B	(English)	200240	121
CLAIMS B	(German)	200240	128
CLAIMS B	(French)	200240	136
SPEC B	(English)	200240	4464
Total word count - document A			0
Total word count - document B			4849
Total word count - documents A + B			4849

...INTERNATIONAL PATENT CLASS: A61F-002/12

...SPECIFICATION long term tissue expansion.

In the past, inflatable devices have been utilized to dissect tissue layers to **create** an anatomic working space to facilitate the performance of laparoscopic or other minimally invasive surgical procedures. For...

...to Peter M. Bonutti, various inflatable devices are disclosed which can be utilized to dissect tissue to **create** an anatomic working space. A surgical balloon dissector and its methods of use are also disclosed in ...

...U.S. Patent No. 5,496,345, to Kieturakis et al. It has been found that a **tissue pocket** formed by balloon dissection is generally more regular and precise than the pocket typically obtained with manual dissection. In contrast to traditional blunt dissection techniques, the dissecting balloon creates a **tissue pocket** while respecting natural tissue planes or boundaries in the anatomy.

A second class of inflatable devices known...

...closed and the surgery completed. While Johnson discloses the use of an inflatable member to create a **tissue pocket** in the breast for the purpose of augmentation, Johnson uses the implant itself to dissect and does not provide a device or method for further expanding the **tissue pocket** through long term expansion should the size of ...substantially inelastic balloon formed from a urethane material, for example, to dissect tissue layers to create a **tissue pocket** or working space, and thereafter to provide long term tissue expansion if desired.

A combination dissector/expander...

...expander is introduced, preferably by blunt tunneling, to a location where it is desired to create a **tissue pocket**. The balloon associated with the combination device is then inflated to dissect **tissue layers** and **create** the **tissue pocket**. After dissection, if the dissected pocket is not large enough to accommodate the desired prosthesis, the **fluid** volume (or pressure) of the combination device may then be adjusted to a level appropriate for long...pectoral fascia 28 defines a naturally occurring tissue plane which may be bluntly dissected to create a **tissue pocket** between the pectoralis major muscle 25 and the chest wall 27.

In the general use of a...

...balloon. The balloon is filled with a sufficient volume of fluid to cause the balloon to dissect **tissue layers** and create the desired pocket for the implant.

Although some level of intra-operative expansion may be...rolled,

folded, or gathered balloon 46 is advanced bluntly to a desired location within the body. A **tissue pocket** may be created through dissection by introducing a saline solution inflation medium, such as through the lumen ...

...47, of the balloon 46. After the upper portion of the balloon 46 has been inflated to **create the tissue pocket**, a predetermined amount of inflation fluid may be withdrawn from the interior space 51 through the lumen...

26/5,K/6 (Item 6 from file: 348)
DIALOG(R)File 348:EUROPEAN PATENTS
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00347572

Expandable prosthesis for corrections of myodystrophies.

Ausdehnungsfähige Prothese für die Verbesserung einer Muskeldystrophie.

Prothese expandable pour corriger les myodystrophies.

PATENT ASSIGNEE:

Calogero, Marianna, (1126570), Via Sulmona No 23, I-20139 Milano, (IT),
(applicant designated states: DE;ES;FR;GB)

INVENTOR:

Calogero, Marianna, Via Sulmona No 23, I-20139 Milano, (IT)

LEGAL REPRESENTATIVE:

Petruzzelli, Antonio (46921), Via E. De Amicis No. 25, I-20123 Milano,
(IT)

PATENT (CC, No, Kind, Date): EP 357927 A1 900314 (Basic)
EP 357927 B1 930107

APPLICATION (CC, No, Date): EP 89113633 890724;

PRIORITY (CC, No, Date): IT 8821725 880808

DESIGNATED STATES: DE; ES; FR; GB

INTERNATIONAL PATENT CLASS: **A61F-002/08**

CITED PATENTS (EP A): WO 8804914 A; EP 197726 A; US 4643733 A; FR 2419065 A
; US 4095295 A

ABSTRACT EP 357927 A1

Prosthesis for the correction of myodystrophies; the prosthesis comprises a shaped body (10) in an elastomeric material, having the form and consistency of the tissues of the area of the limb to be corrected. The body (10) of the prosthesis has at least one elastically dilatable part defining a cavity (17) which can be expanded by filling with a pressurized liquid; a filling tube is connected to said expandable cavity (17) by a check valve.

ABSTRACT WORD COUNT: 79

LEGAL STATUS (Type, Pub Date, Kind, Text):

Application: 900314 A1 Published application (A1with Search Report
;A2without Search Report)

Examination: 901017 A1 Date of filing of request for examination:
900804

Examination: 911227 A1 Date of despatch of first examination report:
911112

Grant: 930107 B1 Granted patent

Oppn None: 931229 B1 No opposition filed

LANGUAGE (Publication,Procedural,Application): English; English; English

FULLTEXT AVAILABILITY:

Available Text	Language	Update	Word Count
CLAIMS B	(English)	EPBBF1	366
CLAIMS B	(German)	EPBBF1	303
CLAIMS B	(French)	EPBBF1	328
SPEC B	(English)	EPBBF1	1347

Total word count - document A 0

Total word count - document B 2344

Total word count - documents A + B 2344

INTERNATIONAL PATENT CLASS: **A61F-002/08**

" ...`SPECIFICATION cases. From US-A-4.643.733 and EP-A-0197726 are known inflatable mammary implants and **tissue expander devices** which are not proposed and usable for reconstruction of the muscle of a human limb because they...

26/5,K/7 (Item 7 from file: 348)
DIALOG(R)File 348:EUROPEAN PATENTS
(c) 2004 European Patent Office. All rts. reserv.

00318800

Tissue expander and method of making and using.
Gewebedehneinrichtung und Verfahren zur Herstellung und zum Gebrauch.
Dilatateur de tissu et procede de fabrication et d'utilisation.

PATENT ASSIGNEE:

DOW CORNING WRIGHT CORPORATION, (742640), P.O. Box 100 5677 Airline Road,
Arlington Tennessee, (US), (applicant designated states: DE;FR;GB)

INVENTOR:

Gauger, John Russel Dean, 99 Shelley Renee Lane, Cordova Tennessee, (US)
Sasaki, Gordon Hiroshi, 1290 LaLoma, Pasadena California, (US)
Jakubczak, Eugene Robert, 2839 Davies Plantation, Cordova Tennessee, (US)

LEGAL REPRESENTATIVE:

Lewin, John Harvey et al (33031), Elkington and Fife Prospect House 8
Pembroke Road, Sevenoaks, Kent TN13 1XR, (GB)

PATENT (CC, No, Kind, Date): EP 324234 A1 890719 (Basic)
EP 324234 B1 920610

APPLICATION (CC, No, Date): EP 88310894 881118;

PRIORITY (CC, No, Date): US 134331 871217

DESIGNATED STATES: DE; FR; GB

INTERNATIONAL PATENT CLASS: **A61F-002/12** ; A61B-019/00

CITED PATENTS (EP A): EP 181720 A; EP 197726 A; EP 183496 A; EP 115384 A;
US 4205401 A

ABSTRACT EP 324234 A1

A tissue expander (10) and a method of making a tissue expander which includes a) a fluid-tight envelope (26) which is inflatable by a single means (24) for inflation and which has an expandable upper section formed of i) a first elastic portion (14) and ii) a second elastic portion (12) formed of a material having a lower modulus of elasticity than that of the material forming the first portion, so that during the inflation of said envelope the modulus of elasticity of each portion at least partially controls the amount of expansion of each portion, thereby allowing the envelope to assume a complex shape. The tissue expander also has a means for inflating the envelope with a biocompatible fluid.

ABSTRACT WORD COUNT: 124

LEGAL STATUS (Type, Pub Date, Kind, Text):

Application: 890719 A1 Published application (A1with Search Report
;A2without Search Report)

Examination: 891115 A1 Date of filing of request for examination:
890905

Examination: 910306 A1 Date of despatch of first examination report:
910121

Grant: 920610 B1 Granted patent

Oppn None: 930602 B1 No opposition filed

LANGUAGE (Publication,Procedural,Application): English; English; English

FULLTEXT AVAILABILITY:

Available Text	Language	Update	Word Count
CLAIMS B	(English)	EPBBF1	1035
CLAIMS B	(German)	EPBBF1	805
CLAIMS B	(French)	EPBBF1	860
SPEC B	(English)	EPBBF1	3619

Total word count - document A 0

Total word count - document B 6319

Total word count - documents A + B 6319

INTERNATIONAL PATENT CLASS: **A61F-002/12** ...

...SPECIFICATION other part of the body.

EP-A-0 181 720 discloses a tissue expander in which an **expandable cover** has a thicker limited expansion portion and a thinner differentiel expansion portion both portions made of the same material.

In view of the **tissue expander devices** in the prior art, there remains a need for a tissue expander which can shape overlying tissue... to be expanded according to surgical procedures familiar to those skilled in the art of implantation of **tissue expanders**. Tissue expander 10 is placed in a surgically-formed opening beneath tissue 100. If means for attaching...

26/5,K/11 (Item 11 from file: 348)
DIALOG(R)File 348:EUROPEAN PATENTS
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00270384

Instrument for subcutaneous insertion of an injection reservoir.

Instrument fur das Einsetzen eines Injektionsreservoirs.

Instrument pour l'insertion subcutanee d'un reservoir d'injection.

PATENT ASSIGNEE:

DOW CORNING WRIGHT CORPORATION, (742640), P.O. Box 100 5677 Airline Road,
Arlington Tennessee, (US), (applicant designated states: DE;FR;GB)

INVENTOR:

Sasaki, Gordon Hiroshi, 1290 LaLoma, Pasadena California, (US)

LEGAL REPRESENTATIVE:

Laredo, Jack Joseph et al (32841), Elkington and Fife Prospect House 8
Pembroke Road, Sevenoaks, Kent TN13 1XR, (GB)

PATENT (CC, No, Kind, Date): EP 260080 A2 880316 (Basic)
EP 260080 A3 890222
EP 260080 B1 920415

APPLICATION (CC, No, Date): EP 87307848 870904;

PRIORITY (CC, No, Date): US 907204 860912

DESIGNATED STATES: DE; FR; GB

INTERNATIONAL PATENT CLASS: A61M-025/00; A61M-029/02; **A61F-002/12**

CITED PATENTS (EP A): US 4641648 A; US 4190040 A; EP 183496 A

ABSTRACT EP 260080 A2

An instrument for subcutaneously inserting an injection reservoir attached to an inflatable prosthesis by means of an elongated fluid conduit (32) is disclosed. The instrument (10) has a hollowed end (12) which holds the injection reservoir (30) to be inserted in a mating, releasable fashion and that end is attached to a handle for guiding the hollowed end (12) to the desired site. Desirably, but optionally, the end of the handle of the instrument is provided with a shaped tapered portion (17) to act as a dilator to create a subcutaneous pocket prior to insertion of the injection reservoir.

ABSTRACT WORD COUNT: 103

LEGAL STATUS (Type, Pub Date, Kind, Text):

Application: 880316 A2 Published application (A1with Search Report
;A2without Search Report)

Search Report: 890222 A3 Separate publication of the European or
International search report

Change: 890222 A2 Obligatory supplementary classification
(change)

Examination: 890607 A2 Date of filing of request for examination:
890330

Examination: 901205 A2 Date of despatch of first examination report:
901022

Grant: 920415 B1 Granted patent

Oppn None: 930407 B1 No opposition filed

LANGUAGE (Publication,Procedural,Application): English; English; English

FULLTEXT AVAILABILITY:

Available Text	Language	Update	Word Count
CLAIMS B	(English)	EPBBF1	230
CLAIMS B	(German)	EPBBF1	250

CLAIMS B (French) EPBBF1 260
SPEC B (English) EPBBF1 2322
Total word count - document A 0
Total word count - document B 3062
Total word count - documents A + B 3062

...INTERNATIONAL PATENT CLASS: **A61F-002/12**

...SPECIFICATION a surgical procedure for obvious reasons; therefore, a single incision is normally desirable and is used to **create** a subcutaneous pocket for the inflatable **envelope** of the **tissue** expander as well as the injection reservoir. This can **create** some difficulty for the surgeon since **the** injection reservoir must generally be passed along a narrow subcutaneous tunnel not much larger than the injection...subcutaneous pocket is made and the prosthesis, in this case tissue expander 40, is inserted into that **pocket** beneath side 401 of the incision in the patient's skin in the usual manner of inserting such prostheses. Portion 20 of instrument 10 can be used to **create** a subcutaneous tunnel for injection reservoir **30** by inserting portion 20 beneath side 402 of the incision in the patient's skin using end...

26/5,K/12 (Item 12 from file: 348)
DIALOG(R)File 348:EUROPEAN PATENTS
(c) 2004 European Patent Office. All rts. reserv.

00217638

Multiple envelope tissue expander device .

Gewebeausweitungsvorrichtung mit mehreren Hüllen.

Dispositif d'expansion de tissu comportant des poches multiples.

PATENT ASSIGNEE:

DOW CORNING CORPORATION, (275271), 3901 S. Saginaw Road, Midland Michigan 48640, (US), (applicant designated states: CH;DE;FR;GB;IT;LI;NL)

INVENTOR:

Jakubczak, Eugene Robert, 606 S.E. Boutell, Bay City Michigan 48706, (US)

LEGAL REPRESENTATIVE:

Laredo, Jack Joseph et al (32841), Elkington and Fife Prospect House 8

Pembroke Road, Sevenoaks, Kent TN13 1XR, (GB)

PATENT (CC, No, Kind, Date): EP 197726 A2 861015 (Basic)

EP 197726 A3 881102

EP 197726 B1 920115

APPLICATION (CC, No, Date): EP 86302324 860327;

PRIORITY (CC, No, Date): US 719926 850404

DESIGNATED STATES: CH; DE; FR; GB; IT; LI; NL

INTERNATIONAL PATENT CLASS: A61B-019/00; **A61F-002/12**

CITED PATENTS (EP A): US 4433440 A; DE 2224963 A; EP 115384 A; GB 2021954 A
; US 4125117 A

ABSTRACT EP 197726 A2

Multiple envelope tissue expander device .

This invention relates to an implantable, multiple envelope tissue expander and to a method of using the same to produce a flap or section of tissue having a preselected shape for use in plastic surgical procedures. The device consists essentially of at least two separately inflatable envelopes wherein one is used as a base and is fixed to body members underlying the tissue to be expanded. The other envelope is smaller in volume than the first and is attached to the upper half of the base envelope to expand the tissue overlying the second envelope to a greater extent than is accomplished by the first envelope to thereby produce a section of tissue with a preselected shape.

ABSTRACT WORD COUNT: 124

LEGAL STATUS (Type, Pub Date, Kind, Text):

Application: 861015 A2 Published application (Alwith Search Report
;A2without Search Report)

Search Report: 881102 A3 Separate publication of the European or
International search report

Examination: 890215 A2 Date of filing of request for examination: 881213
 Examination: 910605 A2 Date of despatch of first examination report: 910422
 Grant: 920115 B1 Granted patent
 Oppn None: 930107 B1 No opposition filed
 LANGUAGE (Publication,Procedural,Application): English; English; English
 FULLTEXT AVAILABILITY:

Available Text	Language	Update	Word Count
CLAIMS B	(English)	EPBBF1	303
CLAIMS B	(German)	EPBBF1	296
CLAIMS B	(French)	EPBBF1	324
SPEC B	(English)	EPBBF1	3390
Total word count - document A			0
Total word count - document B			4313
Total word count - documents A + B			4313

Multiple envelope tissue expander device .
 ...INTERNATIONAL PATENT CLASS: **A61F-002/12**

...ABSTRACT A2

Multiple envelope tissue expander device .

This invention relates to an implantable, multiple envelope tissue expander and to a method of using the...

...SPECIFICATION relates to a device for expanding tissue for use in reconstructive plastic surgery. The novel multiple chamber **tissue expander device** creates tissue having a preselected shape which is determined by the manner in which the device is...

...to produce a flap having a complex shape.

One object of this invention is to provide a **tissue expander device** which is capable of producing a flap of tissue of complex shape such as where the center...patient's body) according to surgical procedures familiar to those skilled in the art of implantation of **tissue expanders** . **Device** 100 is placed in a surgically formed pocket beneath tissue 300 and sutures 302 are used to...

...at the same time.

FIG. 6 shows an alternative embodiment of the present invention as dual envelope **tissue expander device** 600 which consists essentially of a generally rectangular envelope 602 of biocompatible silicone elastomer which serves as...

...CLAIMS B1

1. An implantable, multiple envelope **tissue expander device** for the controlled expansion of tissue consisting of:
 A) a first inflatable biocompatible envelope(102) having a...

...tissue to substantially assume the shape of the upper surfaces of the fully inflated envelopes.

2. The **tissue expander device** as claimed in Claim 1 wherein said envelopes are made of a biocompatible silicone elastomer.
3. The **tissue expander device** as claimed in Claim 1 wherein said first envelope contains a shape retaining means (702).
4. The **tissue expander device** as claimed in Claim 1 wherein the volume capacity of said second envelope is no greater than 50% of the volume capacity of said first envelope.
5. The **tissue expander device** as claimed in Claim 4 wherein said first envelope contains a shape retaining means. ...

26/5,K/19 (Item 7 from file: 349)
 DIALOG(R) File 349:PCT FULLTEXT
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00942642 **Image available**

**IMPLANTABLE PROSTHETIC OR TISSUE EXPANDING DEVICE
PROTHESE OU TISSU EXPANSIBLE IMPLANTABLES**

Patent Applicant/Assignee:

KERAPLAST TECHNOLOGIES LTD, 19206 Huebner Road, Suite 102, San Antonio,
TX 78258, US, US (Residence), US (Nationality), (For all designated
states except: US)

Patent Applicant/Inventor:

ZUCHERMAN James F, 3035 Pierce Street, San Francisco, CA 94123, US, US
(Residence), US (Nationality), (Designated only for: US)

HSU Ken Y, 52 Clarendon Avenue, San Francisco, CA 94114, US, US
(Residence), US (Nationality), (Designated only for: US)

YERBY Scott, P.O. Box 370383, Montara, CA 94037, US, US (Residence), US
(Nationality), (Designated only for: US)

SMITH Robert A, 2246 E. Northside Drive, Jackson, MS 39211, US, US
(Residence), US (Nationality), (Designated only for: US)

Legal Representative:

CORDER Timothy S (agent), Vinson & Elkins L.L.P., 2300 First City Tower,
1001 Fannin Street, Houston, TX 77002-6760, US,

Patent and Priority Information (Country, Number, Date):

Patent: WO 200276336 A2-A3 20021003 (WO 0276336)

Application: WO 2002US8576 20020320 (PCT/WO US0208576)

Priority Application: US 2001815387 20010322

Designated States: AE AG AL AM AT AU AZ BA BB BG BR BY BZ CA CH CN CO CR CU

CZ DE DK DM DZ EC EE ES FI GB GD GE GH GM HR HU ID IL IN IS JP KE KG KP

KR KZ LC LK LR LS LT LU LV MA MD MG MK MN MW MX MZ NO NZ OM PH PL PT RO

RU SD SE SG SI SK SL TJ TM TN TR TT TZ UA UG US UZ VN YU ZA ZM ZW

(EP) AT BE CH CY DE DK ES FI FR GB GR IE IT LU MC NL PT SE TR

(OA) BF BJ CF CG CI CM GA GN GQ GW ML MR NE SN TD TG

(AP) GH GM KE LS MW MZ SD SL SZ TZ UG ZM ZW

(EA) AM AZ BY KG KZ MD RU TJ TM

Main International Patent Class: A61F-002/44

Publication Language: English

Filing Language: English

Fulltext Availability:

Detailed Description

Claims

Fulltext Word Count: 16638

English Abstract

A keratin hydrogel-filled implantable prosthetic device is claimed. The device is an implant for the intervertebral disc space. One source of keratin is human hair. The device (504) can comprise envelopes of a keratin hydrogel (502) that may be used for partial or full disc replacement. The envelopes may be encased in an outer wall (506).

French Abstract

L'invention porte sur une prothese implantable remplie d'hydrogel de keratine dont une variante est un implant mammaire comprenant une enveloppe contenant un hydrogel de keratine servant a augmenter ou reconstituer le volume d'un sein, et une autre variante, un implant occupant l'espace d'un disque intervertebral. On obtient l'hydrogel de keratine a partir d'un precurseur solide auquel on ajoute de l'eau, l'une des sources de keratine etant le cheveu humain. Selon une methode, on utilise une enveloppe adaptee a l'implantation et le susdit precurseur solide qui peut etre sous forme de fibres ou de poudre et qu'on introduit dans l'enveloppe qu'on insere dans une petite incision faite a cote du sein. Apres l'insertion on peut injecter de l'eau de preference par l'incision dans un orifice autoobturant de l'enveloppe. Selon une autre methode l'implant se presente sous la forme d'une trousse contenant l'hydrogel de keratine et l'enveloppe dans laquelle on peut injecter l'hydrogel soit avant soit son implantation dans la region mammaire. L'un des type de trousse contient le precurseur d'hydrogel en poudre place dans l'enveloppe auquel on ajoute de l'eau de preference apres l'implantation. Selon une troisieme methode, l'implant comprend une enveloppe ou se trouve deja l'hydrogel ou son precurseur.

Legal Status (Type, Date, Text)

. Publication 20021003 A2 Without international search report and to be
republished upon receipt of that report.
Search Rpt 20030227 Late publication of international search report
Republication 20030227 A3 With international search report.
Republication 20030227 A3 Before the expiration of the time limit for
amending the claims and to be republished in the
event of the receipt of amendments.

IMPLANTABLE PROSTHETIC OR TISSUE EXPANDING DEVICE
Main International Patent Class: **A61F-002/44**
Fulltext Availability:
Detailed Description

Detailed Description

EMPLANTA13LE PROSTHETIC OR **TISSUE EXPANDING DEVICE**

Field of the Invention

The present invention is generally related to medical prostheses or
implants for augmentation...invention may be described, therefore, in
certain aspects as a prosthetic device or implant, or even a **tissue
expander device**, wherein the device includes a composition comprising
a hydratable keratin solid to be used as a filler...

26/5,K/25 (Item 13 from file: 349)
DIALOG(R)File 349:PCT FULLTEXT
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00845411 **Image available**

DEVICES AND METHODS FOR ATTENUATION OF PRESSURE WAVES IN THE BODY
DISPOSITIFS ET PROCEDES D'ATTENUATION DES ONDES DE PRESSION DANS LE CORPS
Patent Applicant/Assignee:

GALT LABORATORIES INC, Suite 107, 17145 Von Karman, Irvine, CA 92614-0907
, US, US (Residence), US (Nationality)

Inventor(s):

GILLESPIE Walter D, 8652 Hayes, La Mesa, CA 91941, US,
MATSUURA David G, 859 Summer Song Court, Encinitas, CA 92024, US,
WALLIN Sheila K, 4301 Apricot Drive, Irvine, CA 92620, US,
CONNORS Kevin G, 22 Livingston Road, Wellesley, MA 02482, US,
BULLISTER Edward, 83 Concord Street, Newton, MA 02462, US,

Legal Representative:

ALTMAN Daniel E (agent), Knobbe, Martens, Olson & Bear, LLP, 16th Floor,
620 Newport Center Drive, Newport Beach, CA 92660, US,

Patent and Priority Information (Country, Number, Date):

Patent: WO 200178576 A2-A3 20011025 (WO 0178576)

Application: WO 2001US12483 20010416 (PCT/WO US0112483)

Priority Application: US 2000197095 20000414; US 2000723309 20001127

Designated States: AE AG AL AM AT AU AZ BA BB BG BR BY BZ CA CH CN CR CU CZ
CZ (utility model) DE DE (utility model) DK DK (utility model) DM DZ EE
EE (utility model) ES FI FI (utility model) GB GD GE GH GM HR HU ID IL IN
IS JP KE KG KP KR KZ LC LK LR LS LT LU LV MA MD MG MK MN MW MX MZ NO NZ
PL PT RO RU SD SE SG SI SK SK (utility model) SL TJ TM TR TT TZ UA UG UZ
VN YU ZA ZW

(EP) AT BE CH CY DE DK ES FI FR GB GR IE IT LU MC NL PT SE TR

(OA) BF BJ CF CG CI CM GA GN GW ML MR NE SN TD TG

(AP) GH GM KE LS MW MZ SD SL SZ TZ UG ZW

(EA) AM AZ BY KG KZ MD RU TJ TM

Main International Patent Class: **A61F-002/02**

Publication Language: English

Filing Language: English

Fulltext Availability:

Detailed Description

Claims

Fulltext Word Count: 15357

English Abstract

Disclosed are pressure attenuators (66), for attenuating pressure changes
in an anatomical structure.

French Abstract

La presente invention concerne des atténuateurs de pression permettant d'atténuer les variations de pression dans une structure anatomique. Ces atténuateurs sont mobiles entre une première configuration d'introduction, et une seconde configuration d'implantation. Dans la seconde configuration d'implantation, l'atténuateur réduit les pics de pression dans le corps en diminuant de façon réversible son volume, en réponse à ces pics de pression. Dans une première application, l'atténuateur est utilisé pour traiter les dysfonctionnements des voies urinaires. En outre, cette invention concerne des dispositifs de déploiement, des dispositifs de retrait, et des méthodes correspondantes.

Legal Status (Type, Date, Text)

Publication 20011025 A2 Without international search report and to be republished upon receipt of that report.
Search Rpt 20020321 Late publication of international search report
Republication 20020321 A3 With international search report.
Examination 20020627 Request for preliminary examination prior to end of 19th month from priority date

Main International Patent Class: **A61F-002/02**

Fulltext Availability:

Detailed Description

Detailed Description

... the pathway to the valve 80, particularly in an embodiment adapted for coupling to a deflation and **removal device** as will be discussed. Alternatively, the reinforcing tube 108 may be removable and used to prevent sealing...during normal voiding, or can remain in the bladder in a deflated state until removed using a **removal device**.

The predetermined dwell time within the bladder can be influenced by a variety of design factors, including...to pull the collapsed attenuator 66 into the distal end 156 of the tubular body 152. The **removal device** 150 having the reduced attenuator 66 therein or carried thereby may be transurethrally removed from the patient...

26/5,K/26 (Item 14 from file: 349)

DIALOG(R)File 349:PCT FULLTEXT

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00787467

IMPLANTABLE PROSTHETIC OR TISSUE EXPANDING DEVICE

PROTHESE IMPLANTABLE OU EXPANSIBLE DANS LES TISSUS

Patent Applicant/Assignee:

KERAPLAST TECHNOLOGIES LTD, Suite 404, 2391 Northeast Loop 410, San Antonio, TX 78217, US, US (Residence), US (Nationality), (For all designated states except: US)

Patent Applicant/Inventor:

VAN DYKE Mark E, 8507 Percheron Circle, Fair Oaks Ranch, TX 78015, US, US (Residence), US (Nationality), (Designated only for: US)

BLANCHARD Cheryl R, 14 Tanner Woods, San Antonio, TX 78248, US, US (Residence), US (Nationality), (Designated only for: US)

TIMMONS Scott F, 371 County Road 387, San Antonio, TX 78253, US, US (Residence), US (Nationality), (Designated only for: US)

SILLER-JACKSON Arlene J, 11635 Gulf Station, Helotes, TX 78023, US, US (Residence), US (Nationality), (Designated only for: US)

SMITH Robert A, 2246 E. Northside Drive, Jackson, MS 39211, US, US (Residence), US (Nationality), (Designated only for: US)

Legal Representative:

MOLONEY Stephen J (agent), Vinson & Elkins L.L.P., 2300 First City Tower, 1001 Fannin, Houston, TX 77002-6760, US,

Patent and Priority Information (Country, Number, Date):

Patent: WO 200119283 A2-A3 20010322 (WO 0119283)

Application: WO 2000US25024 20000913 (PCT/WO US0025024)

Priority Application: US 99394783 19990913

Parent Application/Grant:

Related by Continuation to: US 99394783 19990913 (CON)

Designated States: AE AL AM AT AU AZ BA BB BG BR BY CA CH CN CR CU CZ DE DK
DM EE ES FI GB GD GE GH GM HR HU ID IL IN IS JP KE KG KP KR KZ LC LK LR
LS LT LU LV MA MD MG MK MN MW MX NO NZ PL PT RO RU SD SE SG SI SK SL TJ
TM TR TT TZ UA UG US UZ VN YU ZA ZW

(EP) AT BE CH CY DE DK ES FI FR GB GR IE IT LU MC NL PT SE

(OA) BF BJ CF CG CI CM GA GN GW ML MR NE SN TD TG

(AP) GH GM KE LS MW MZ SD SL SZ TZ UG ZW

(EA) AM AZ BY KG KZ MD RU TJ TM

Main International Patent Class: **A61F-002/48**

International Patent Class: **A61F-002/54** ; A61B-019/00; A61B-017/06;
A61K-038/17

Publication Language: English

Filing Language: English

Fulltext Availability:

Detailed Description

Claims

Fulltext Word Count: 12295

English Abstract

A keratin hydrogel-filled implantable prosthetic device. One device is a breast implant for augmenting or reconstructing a human breast including an envelope containing a keratin hydrogel. One keratin hydrogel is formed from a solid precursor which forms a keratin hydrogel upon addition of water. One source of keratin is human hair. In one method, an envelope suitable for implantation and a solid keratin hydrogel precursor are provided. The solid can be in fibrous or powder form. The solid precursor can be inserted into the envelope interior. A small incision near the breast can be made and the envelope inserted into the incision. After insertion, water can be injected into the envelope interior, preferably through the incision and through a self-sealing port in the envelope. In one method, the implant is provided as a kit, with the envelope and keratin hydrogel provided. The hydrogel can be injected into the envelope either before or after insertion into the breast area. One kit has a powdered, keratin hydrogel precursor disposed within the envelope interior, awaiting the addition of water, preferably after insertion of the implant into the body.

French Abstract

La presente invention concerne une prothese implantable remplie d'hydrogel de keratine et notamment un implant mammaire fait d'une enveloppe garnie d'hydrogel de keratine du type de ceux utilises pour la reconstruction ou l'augmentation de volume des seins de femmes. En l'occurrence, on realise un hydrogel de keratine a partir d'un precurseur solide formant l'hydrogel de keratine par adjonction d'eau. L'une des sources de la keratine sont les cheveux humains. Pour l'un des procedes, on dispose d'une enveloppe convenant a l'implantation et d'un precurseur solide d'hydrogel de keratine sous forme de fibres ou de poudre. Ce precurseur solide se prete a une introduction a l'interieur de l'enveloppe. Pour introduire l'enveloppe, on pratique une petite incision au niveau du sein, puis on injecte de l'eau a l'interieur de l'enveloppe, de preference via l'incision en traversant un orifice se fermant automatiquement. Selon un mode de realisation, l'implant est un necessaire rassemblant l'enveloppe et l'hydrogel de keratine. De fait, l'hydrogel peut s'injecter dans l'enveloppe avant ou apres insertion dans le sein. L'un des necessaires est une enveloppe deja pourvue de la dose de precurseur d'hydrogel de keratine en poudre, attendant l'adjonction d'eau, de preference apres mise en place de l'implant "in corpore".

Legal Status (Type, Date, Text)

Publication 20010322 A2 Without international search report and to be
republished upon receipt of that report.

Examination 20020627 Request for preliminary examination prior to end of
19th month from priority date

Search Rpt 20021024 Late publication of international search report

Republication 20021024 A3 With international search report.

IMPLANTABLE PROSTHETIC OR TISSUE EXPANDING DEVICE

Main International Patent Class: **A61F-002/48**

International Patent Class: **A61F-002/54 ...**

Fulltext Availability:

Detailed Description

Detailed Description

IMPLANTABLE PROSTHETIC OR TISSUE EXPANDING DEVICE

Field of the Invention

The present invention is generally related to medical prostheses or implants for augmentation...invention may be described, therefore, in certain aspects as a prosthetic device or implant, or even a **tissue expander device**, wherein the device includes a composition comprising a hydratable keratin solid to be used as a filler...

26/5,K/28 (Item 16 from file: 349)

DIALOG(R) File 349:PCT FULLTEXT

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00570398 **Image available**

IMPLANTS FILLED WITH SOLID OR SEMI-SOLID MATERIAL

IMPLANTS A CHARGE SOLIDE

Patent Applicant/Assignee:

JOHNSON Gerald W,
JOHNSON Lana Lea,
JOHNSON Jeffery W,

Inventor(s):

JOHNSON Gerald W,
JOHNSON Lana Lea,
JOHNSON Jeffery W,

Patent and Priority Information (Country, Number, Date):

Patent: WO 200033771 A2 20000615 (WO 0033771)

Application: WO 99US29073 19991207 (PCT/WO US9929073)

Priority Application: US 98210524 19981211

Designated States: AL AM AT AU AZ BA BB BG BR BY CA CH CN CU CZ DE DK EE ES

FI GB GE GH GM HR HU ID IL IS JP KE KG KP KR KZ LC LK LR LS LT LU LV MD

MG MK MN MW MX NO NZ PL PT RO RU SD SE SG SI SK SL TJ TM TR TT UA UG UZ

VN YU ZW GH GM KE LS MW SD SL SZ TZ UG ZW AM AZ BY KG KZ MD RU TJ TM AT

BE CH CY DE DK ES FI FR GB GR IE IT LU MC NL PT SE BF BJ CF CG CI CM GA

GN GW ML MR NE SN TD TG

Main International Patent Class: **A61F-002/12**

International Patent Class: A61L-027/58

Publication Language: English

Fulltext Availability:

Detailed Description

Claims

Fulltext Word Count: 9121

English Abstract

A tissue implant (42) is described which includes at least one fibrous material (52). The fibrous material (52) can be directly inserted into a cavity within the tissue or a shell (54) can be inserted into the cavity either pre or post filled with the fibrous material (52). Method for surgically forming the cavity and inserting the implants are also described. A container for a tissue implantable solid filler material is also disclosed. The filler material can be directly inserted into a cavity within the tissue or into a shell that can be inserted into the cavity which either already contains the filler or has the filler added thereto during implantation. Methods for packaging the filler material are also disclosed.

French Abstract

L'invention concerne un implant tissulaire comprenant au moins un materiau fibreux. Ce materiau peut etre introduit directement dans une cavite a l'interieur des tissus. On peut egalement introduire une

enveloppe dans ladite cavite, soit avant, soit apres son remplissage avec le materiau fibreux. L'invention traite egalement du procede de formation de la cavite de facon chirurgicale et d'introduction des implants, ainsi que d'un conteneur de materiau de charge implantable dans les tissus. Le materiau de charge peut etre directement introduit dans une cavite a l'interieur des tissus ou dans une enveloppe qui peut etre introduite dans ladite cavite, que cette derniere contienne deja la charge ou que ladite charge y soit ajoutee lors de l'implantation. L'invention concerne egalement l'emballage du materiau de charge.

Main International Patent Class: **A61F-002/12**

Fulltext Availability:

Detailed Description

Detailed Description

... is then used to create an initial pocket in the tissue region for insert of a deflated **tissue expander device** .

After the tissue expander is properly positioned in desired body region, inflation of the expander results in...

26/5,K/29 (Item 17 from file: 349)

DIALOG(R) File 349:PCT FULLTEXT

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00550264

AIR PERMEABLE ABSORBENT ARTICLE HAVING A HYDROPHOBIC FOAM BACKSHEET LAYER
ARTICLE ABSORBANT, PERMEABLE A L'AIR ET DOTE D'UNE COUCHE SUPPORT EN MOUSSE
HYDROPHOBE

Patent Applicant/Assignee:

THE PROCTER & GAMBLE COMPANY,
CARLUCCI Gianfranco,
D'INCECCO Amadeo Franco,
CIMINI Carmine,
TORO Carlo,

Inventor(s):

CARLUCCI Gianfranco,
D'INCECCO Amadeo Franco,
CIMINI Carmine,
TORO Carlo,

Patent and Priority Information (Country, Number, Date):

Patent: WO 200013637 A2 20000316 (WO 0013637)

Application: WO 99US20502 19990907 (PCT/WO US9920502)

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DE DE DK DK DM EE EE ES FI FI GB GD GE GN GM HR HU ID IL IN IS JP KE KG

KP KR KZ LC LK LR LS LT LU LV MD MG MK MN MW MX NO NZ PL PT RO RU SD SE

SG SI SK SK SL TJ TM TR TT UA UG US UZ VN YU ZA ZW GH GM KE LS MW SD SL

SZ UG ZW AM AZ BY KG KZ MD RU TJ TM AT BE CH CY DE DK ES FI FR GB GR IE

IT LU MC NL PT SE BF BJ CF CG CI CM GA GN GW ML MR NE SN TD TG

Main International Patent Class: **A61F-013/15**

Publication Language: English

Fulltext Availability:

Detailed Description

Claims

Fulltext Word Count: 4458

English Abstract

The present invention relates to absorbent articles such as under arm sweat pads, bandages, sanitary napkins, panty liners, disposable diapers or adult incontinence products which are air permeable and comprise at least one layer of hydrophobic open celled foam.

French Abstract

L'invention concerne des articles absorbants, tels que des tampons d'absorption de la transpiration des aisselles, des bandages, des

Because this "dusting" layer provides some additional **fluid** -handling capabilities such as rapid wicking of **fluid** along the length of the 0 pad, its inclusion is typically preferred in absorbent cores according to ...

...absorbent cores. Such reinforcing scrims should be of such configuration as to not form interfacial barriers to **fluid** transfer, especially if positioned between the respective layers of the absorbent core. 1 5 Another component which...

...the absorbent core and preferably is provided close to or as part of the primary or secondary **fluid** distribution layer are odor control agents. These can be selected from active carbon or coated active carbon...

...5 As known from the HIPE foams mentioned above the emulsifier has a strong effect on the **fluid** handling characteristics of the HIPE foam. Hence it is desirable to use a emulsifier which does not...less than 1.4 mm can still provide the desired soil through performance and with reduced thickness **increased** air permeability while being acceptable from a comfort point of view in the context for example of...

...that 1 5 they are made from a single foam substrate or whether they are made from **separate** substrates which are attached to each other. Joining of materials It is important according to the present...

...water vapor exchange. An alternative is to join the topsheet and the backsheets along their common periphery **extending** beyond the periphery of the absorbent core such that none of the area of the article co...

...the backsheets of absorbent articles the overall construction of the article should be such that the structural **liquid** driving force (often also referred to as capillarity) and the surface material related driving force (typically referred...

...that the storage layer in the absorbent core is the location within the article from - 13 which **liquid** has no natural tendency to escape. In physical terms the presence of **liquid** in the **liquid** storage layer of the absorbent core should be the status of highest entropy (lowest free energy) for migration of **liquid** within the article. A particularly preferred absorbent article embodiment according to the present invention is a panty liner which comprises a formed film topsheet, an absorbent core with a laminate of two **tissue layers** with odour control material and absorbent gelling material between the layers and a hydrophobic foam backsheets made...

...a generally air permeable backsheets positioned on a first side of said core, and optionally a generally **liquid** permeable topsheet positioned on a second side of said core characterized in that said backsheets comprises a...

26/5,K/30 (Item 18 from file: 349)
DIALOG(R)File 349:PCT FULLTEXT
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00483758 **Image available**
COMBINATION DISSECTOR AND EXPANDER
DISPOSITIF COMBINE DE DISSECTION ET D'EXPANSION
Patent Applicant/Assignee:
GENERAL SURGICAL INNOVATIONS INC,
Inventor(s):
YOUNG Roderick A,

Patent and Priority Information (Country, Number, Date):

Patent: WO 9915110 A1 19990401

Application: WO 98US14917 19980717 (PCT/WO US9814917)

Priority Application: US 97933406 19970919

Designated States: CA JP AT BE CH CY DE DK ES FI FR GB GR IE IT LU MC NL PT SE

Main International Patent Class: A61F-002/12

Publication Language: English

Fulltext Availability:

Detailed Description

Claims

Fulltext Word Count: 5860

English Abstract

A combination tissue dissector and long term expander is disclosed for use in plastic surgery applications and other applications where it is desirable to dissect a **tissue pocket**, and serially expand the dissected pocket through long term tissue expansion. The combination device performs the separate functions of dissection, and long term expansion in a single balloon package (46). In an exemplary embodiment, three sheets of substantially inelastic material are bonded together at their outer margins to form two discrete inflatable chambers (44, 46). The lower inflatable chamber (44) defined by the middle and lower balloon sheets (45, 47) is further welded together at various points over the sheet's surface area to **create** a semi-rigid base portion which provides a flat well-defined footprint for the balloon. The semi-rigid base prevents further enlargement of the **tissue pocket** at the margins when the device is utilized as a tissue expander. In a preferred method of use for the combination device, the combination device is tunneled bluntly to a desired location within the body. The device is then inflated to dissect tissue layers along natural tissue planes, and **create** a **tissue pocket**. After dissection, the combination device may be left within the body as a temporary implant to further expand the **tissue pocket** through long term expansion until the desired **tissue pocket** volume is achieved.

French Abstract

L'invention concerne un dispositif combine de dissection et d'expansion a long terme destine a etre utilise dans des applications de chirurgie plastique et dans d'autres applications ou il est souhaitable de proceder a la dissection une poche de tissu et a l'expansion en serie de la poche dissee par expansion du tissu a long terme. Le dispositif combine permet d'executer les fonctions separees de dissection et d'expansion a long terme dans un emballage unique a ballonnet (46). Dans un mode de realisation pouvant servir d'exemple, on reunit par liaison trois feuilles de matiere sensiblement non elastique au niveau de leurs marges exterieures de maniere a former deux chambres gonflables distinctes (44, 46). On soude de nouveau la chambre gonflable inferieure (44) definie par les feuilles de ballonnet (45, 47) mediane et inferieure sur plusieurs points de la zone de surface de la feuille de maniere a creer une partie de base semi-rigide qui constitue un trace plat bien defini pour le ballonnet. La base semi-rigide empeche tout elargissement de la poche de tissu aux marges lorsque le dispositif est utilise pour une expansion de tissus. Dans un procede d'utilisation prefere du dispositif combine, le dispositif combine est introduit de maniere brusque par un tunnel dans un emplacement voulu a l'interieur du corps. On gonfle le dispositif pour dissequer les couches de tissus le long de plans de tissus naturels, et creer une poche de tissu. Apres la dissection, on peut laisser le dispositif combine a l'interieur du corps comme implant temporaire pour continuer a gonfler la poche de tissu par expansion a long terme jusqu'a obtention du volume de poche de tissu voulu.

Main International Patent Class: A61F-002/12

Fulltext Availability:

Detailed Description

Claims

English Abstract

...disclosed for use in plastic surgery applications and other applications where it is desirable to dissect a **tissue pocket**, and serially expand the dissected pocket through long term tissue expansion. The combination device performs the separate...

...sheets (45, 47) is further welded together at various points over the sheet's surface area to **create** a semi-rigid base portion which provides a flat well-defined footprint for the balloon. The semi-rigid base prevents further enlargement of the **tissue pocket** at the margins when the device is utilized as a tissue expander. In a preferred method of...

...within the body. The device is then inflated to dissect tissue layers along natural tissue planes, and **create** a **tissue pocket**. After dissection, the combination device may be left within the body as a temporary implant to further expand the **tissue pocket** through long term expansion until the desired **tissue pocket** volume is achieved.

Detailed Description

... of which is also hereby incorporated by reference in its entirety. It has been found that a **tissue pocket** formed by balloon dissection is generally more regular and precise than the pocket typically obtained with manual dissection. In contrast to traditional blunt dissection techniques, the dissecting balloon creates a **tissue pocket** while respecting natural tissue planes or boundaries in the anatomy.

A second class of inflatable devices known...closed and the surgery completed. While Johnson discloses the use of an inflatable member to create a **tissue pocket** in the breast for the purpose of augmentation, Johnson uses the implant itself to dissect and does not provide a device or method for further expanding the **tissue pocket** through long term expansion should the size of the initially dissected space be insufficient.

Accordingly, there is...

...substantially inelastic balloon formed from a urethane material, for example, to dissect tissue layers to create a **tissue pocket** or working space, and thereafter to provide long term tissue expansion if desired.

A combination dissector/expander...expander is introduced, preferably by blunt tunneling, to a location where it is desired to create a **tissue pocket**. The balloon associated with the combination device is then inflated to dissect **tissue layers** and **create** the **tissue pocket**. After dissection, if the dissected pocket is not large enough to accommodate the desired prosthesis, the **fluid** volume (or pressure) of the combination device may then be adjusted to a level appropriate for long...pectoral fascia 28 defines a naturally occurring tissue plane which may be bluntly dissected to create a **tissue pocket** between the pectoralis major muscle 25 and the chest wall 27.

In the general use of a...balloon. The balloon is filled with a sufficient volume of fluid to cause the balloon to dissect **tissue layers** and create the desired pocket for the implant.

Although some level of intra-operative expansion may be...rolled, folded, or gathered balloon 46 is advanced bluntly to a desired location within the body. A **tissue pocket** may be created through dissection by introducing a saline solution inflation medium, such as through the lumen ...

...47, of the balloon 46. After the upper portion of the balloon 46 has been inflated to **create** the **tissue pocket**, a predetermined amount of inflation fluid may be withdrawn from the interior space 51 through the lumen...

Claim

1 A method of using an inflatable device to dissect a **tissue pocket**

underlying the skin and to thereafter expand the dissected **tissue pocket**, the method comprising the steps of:
providing an inflatable device comprising a balloon having an inflatable space...

...rolled laterally along a surface of said balloon;
making an incision through the skin to access desired **tissue layers**;
inserting the **inflatable** device into the incision;
advancing the **inflatable** device between the **tissue layers** to a location remote from the incision where it is desired to **create a tissue pocket**;
dissecting the **tissue layers** to **create the tissue pocket** by **inflating** the **inflatable** device with a **fluid** to a selected fill volume or pressure whereby **inflation** causes said side portion of said balloon to unroll and said distal portion to evert; reducing the **fluid** volume of the **inflatable** device to a level appropriate for long term tissue expansion; and
gradually expanding the dissected **tissue pocket** by adjusting the fill volume of the **inflatable** device over a predetermined period of time.

2 The method of claim 1 wherein the tissue pocket...

26/5,K/34 (Item 22 from file: 349)
DIALOG(R)File 349:PCT FULLTEXT
(c) 2004 WIPO/Univentio. All rts. reserv.

00338159

AN ABSORBENT BODY WHICH INCLUDES CAVITIES
CORPS ABSORBANT COMPORTANT DES CAVITES

Patent Applicant/Assignee:

MoLNLYCKE AB,
WIDLUND Urban,

Inventor(s):

WIDLUND Urban,

Patent and Priority Information (Country, Number, Date):

Patent: WO 9620671 A1 19960711

Application: WO 95SE1592 19951228 (PCT/WO SE9501592)

Priority Application: SE 944583 19941230

Designated States: AU CA CN CZ FI HU JP MX NO NZ PL SK US AT BE CH DE DK ES

FR GB GR IE IT LU MC NL PT SE

Main International Patent Class: **A61F-013/15**

Publication Language: Spanish

Fulltext Availability:

Detailed Description

Claims

Fulltext Word Count: 7731

English Abstract

An absorbent article which includes a liquid-permeable outer sheet (1) mounted on a first surface of the article, a liquid-impermeable outer sheet (2) mounted on a second surface of the article, and an absorbent body (3) which is enclosed between the two casing sheets and which includes a receiving space (24) for receiving and accommodating body liquid or fluid, the space comprising at least one cavity or region of lower density than the density of a part of the absorbent body (3) located adjacent the receiving space (24) generally in the same plane. The article is characterized in that the receiving space (24) is disposed in a storage layer (19) in the absorbent body (3), wherein the storage layer (19) is formed from a web of material which is divided in the longitudinal direction of the web along a dividing curve (20) which is undulating along at least part of its length so as to cross a line (21) extending in the longitudinal direction of the web at least two times, and the web-parts (22, 23) are displaced relative to one another in the plane of the web such that the web-parts (22, 23) will define the

Set	Items	Description
S1	3196	(INCISION OR CUT) (5N) SKIN
S2	849484	INSERT? OR EMBED? OR IMPLANT?
S3	57	(ADVANCE OR ADVANCEMENT OR FORWARD OR FURTHERANCE) () DEVICE
S4	12377	FASCIAL () (CLEFT OR MEMBRANES OR COMPARTMENT OR CLEAVAGE OR TWO () CONTIGUOUS) OR FASCIA
S5	8343842	CREATE OR GENERATE? OR PRODUCE? OR DEVELOP? OR ESTABLISH?
S6	15	TISSUE () POCKET
S7	4893727	INFLAT? OR INCREASE? OR EXTEND?
S8	2797895	FLUID OR LIQUID OR GAS
S9	304634	DISSECT OR SEPARATE
S10	1713	TISSUE () LAYER?
S11	89253	DEFLAT? OR COLLAPSE?
S12	255	REMOV? () DEVICE
S13	57	(INSERT? OR EMBED? OR IMPLANT?) () PROTHE?
S14	2	TISSUE () EXPAND? () DEVICE?
S15	463	S1 AND S2
S16	0	S3 AND S4
S17	3	S5 AND S6
S18	468108	S7 AND S8
S19	2	S15 AND S6
S20	1	S18 AND S9 AND S10
S21	0	S11 AND S12
S22	0	S12 AND S13
S23	21	S2 AND S12
S24	27	S14 OR S17 OR S19 OR S20 OR S23
S25	18	S24 NOT PY>1997
S26	18	S25 NOT PD>19970530
S27	17	RD (unique items)
File	99:Wilson Appl. Sci & Tech Abs 1983-2004/Jun	(c) 2004 The HW Wilson Co.
File	155:MEDLINE(R) 1966-2004/Jun W2	(c) format only 2004 The Dialog Corp.
File	94:JICST-EPlus 1985-2004/Jun W2	(c) 2004 Japan Science and Tech Corp (JST)
File	2:INSPEC 1969-2004/Jun W4	(c) 2004 Institution of Electrical Engineers
File	65:Inside Conferences 1993-2004/Jul W1	(c) 2004 BLDSC all rts. reserv.
File	467:ExtraMED(tm) 2000/Dec	(c) 2001 Informania Ltd.
File	35:Dissertation Abs Online 1861-2004/May	(c) 2004 ProQuest Info&Learning
File	95:TEME-Technology & Management 1989-2004/Jun W1	(c) 2004 FIZ TECHNIK
File	8:EI Compendex(R) 1970-2004/Jun W4	(c) 2004 Elsevier Eng. Info. Inc.

27/5/11 (Item 10 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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07176618 PMID: 2425710

**Use of Radovan's tissue expander device in reconstructive surgery.
Apropos of 3 cases]**

Utilisation du dispositif d'expansion tissulaire de Radovan en chirurgie reconstructive. A propos de trois cas.

Ohana J

Annales de chirurgie plastique et esthetique (FRANCE) 1986, 31 (1)
p86-93, ISSN 0294-1260 Journal Code: 8305839

Document type: Case Reports; Journal Article ; English Abstract

Languages: FRENCH

Main Citation Owner: NLM

Record type: Completed

Subfile: INDEX MEDICUS

Tags: Female; Human; Male

Descriptors: *Prostheses and Implants; *Surgery, Plastic--instrumentation
--IS; Breast--surgery--SU; Face--surgery--SU; Middle Aged

Record Date Created: 19860728

Record Date Completed: 19860728

Set	Items	Description
S1	3196	(INCISION OR CUT) (5N) SKIN
S2	849484	INSERT? OR EMBED? OR IMPLANT?
S3	57	(ADVANCE OR ADVANCEMENT OR FORWARD OR FURTHERANCE) () DEVICE
S4	12377	FASCIAL () (CLEFT OR MEMBRANES OR COMPARTMENT OR CLEAVAGE OR TWO () CONTIGUOUS) OR FASCIA
S5	26	S1 AND S2 AND S4
S6	14	S5 NOT PY>1997
S7	14	S6 NOT PD>19970530
S8	14	RD (unique items)
File	99:Wilson Appl. Sci & Tech Abs 1983-2004/Jun	(c) 2004 The HW Wilson Co.
File	155:MEDLINE(R) 1966-2004/Jun W2	(c) format only 2004 The Dialog Corp.
File	94:JICST-EPlus 1985-2004/Jun W2	(c) 2004 Japan Science and Tech Corp (JST)
File	2:INSPEC 1969-2004/Jun W4	(c) 2004 Institution of Electrical Engineers
File	65:Inside Conferences 1993-2004/Jul W1	(c) 2004 BLDSC all rts. reserv.
File	467:ExtraMED(tm) 2000/Dec	(c) 2001 Informania Ltd.
File	35:Dissertation Abs Online 1861-2004/May	(c) 2004 ProQuest Info&Learning
File	95:TEME-Technology & Management 1989-2004/Jun W1	(c) 2004 FIZ TECHNIK
File	8:EI Compendex(R) 1970-2004/Jun W4	(c) 2004 Elsevier Eng. Info. Inc.

8/5/1 (Item 1 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2004 The Dialog Corp. All rts. reserv.

13599856 PMID: 9340404

[Frontalis suspension with "expanded polytetrafluoroethylene (ePTFE) strips" in congenital ptosis]

Frontalissuspension mittels "expanded- Polytetrafluoroethylene (ePTFE)-Streifen" bei kongenitaler Ptose.

Kuchar A; Ofluoglu A; Novak P; Steinkogler F J

Abteilung A, Universitäts Augenklinik Wien.

Klinische Monatsblätter für Augenheilkunde (GERMANY) Jul 1997, 211

(1) p37-40, ISSN 0023-2165 Journal Code: 0014133

Document type: Journal Article ; English Abstract

Languages: GERMAN

Main Citation Owner: NLM

Record type: Completed

Subfile: INDEX MEDICUS

BACKGROUND: The Frontalis Suspension Technique is indicated in cases with minimal or no levator function. At the beginning sutures were used as sling material and after further modifications suture material was replaced by autologous or homologous fascia lata. In the last years ePTFE has proved to be a very suitable sling material. PATIENTS AND METHODS: Since ePTFE is very biocompatible, it was used for this modified frontalis suspension technique. The anterior tarsal surface is exposed and a small tunnel is created between the skin incision and the second incision superior to the brow. An 0.3 mm thin ePTFE strip is induced into the tunnel and connects the upper lid with the frontalis muscle. The ePTFE Soft Tissue Patch must be exactly adapted to the tarsus and has to be deeply sutured to the frontalis muscle below the brow incision. Since 1994 17 modified frontalis suspension procedures have been performed on 14 patients. RESULTS: The functional and cosmetic result were good in nearly all patients. No implant had to be removed during the follow up period. DISCUSSION: The new technique of frontalis suspension using a ePTFE strip guarantees a regular upper lid lifting by the axial and direct connection of the anterior tarsal surface with the frontalis muscle.

Tags: Female; Human; Male

Descriptors: Blepharoptosis--congenital--CN; *Polytetrafluoroethylene; *Prostheses and Implants ; Blepharoptosis--surgery--SU; Child; Child, Preschool; Forehead--surgery--SU; Infant; Surgical Instruments

CAS Registry No.: 9002-84-0 (Polytetrafluoroethylene)

Record Date Created: 19971023

Record Date Completed: 19971023

8/5/4 (Item 4 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2004 The Dialog Corp. All rts. reserv.

09856899 PMID: 8415961

The endoscopic breast augmentation: the transumbilical insertion of saline-filled breast implants .

Johnson G W; Christ J E

Plastic and reconstructive surgery (UNITED STATES) Oct 1993, 92 (5) p801-8, ISSN 0032-1052 Journal Code: 1306050

Comment in Plast Reconstr Surg. 1994 Jul;94(1) 215; Comment in PMID 8016243; Comment in Plast Reconstr Surg. 1994 Jul;94(1):215-6; Comment in PMID 8016244; Comment in Plast Reconstr Surg. 1994 Jun;93(7):1527-8; Comment in PMID 8208831; Comment in Plast Reconstr Surg. 1997 Apr;99(4):1198; Comment in PMID 9091931

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: Completed

Subfile: AIM; INDEX MEDICUS

Initial aesthetic breast augmentation with inflatable saline implants has always had the distinct advantage of insertion through a small

breast or axillary skin incision . Adapting established techniques utilized in suction-assisted lipectomy, operative endoscopy, and tissue expansion with inflatable saline implants , breast augmentation is possible through an umbilical incision. Under general anesthesia, an incision is made in the umbilicus; a new tubular instrument with an obturator [designated an endotube (Johnson) or mammascope (Christ)] is inserted into the umbilical incision like a suction cannula; it is pushed over the abdominal fascia across the costal margin until it literally pops under the breast fascia ; through this tunnel is then inserted an implant coiled like a tobacco leaf; the implant is then inflated to 50 percent more than the final volume and manipulated to help expand the pocket; finally, the excess volume is removed, methyl-prednisolone acetate is placed in the final volume, and the fill tube is removed. The endoscope (laparoscope) is utilized to visualize positioning and to document the absence of bleeding. The umbilical incision is closed after insertion of both implants through the same incision. A series of 91 young women have undergone this procedure with 188 breast implantations without significant bleeding. Implants appear to ride high initially, but they settle into place by 6 weeks. Patients have reported less chest discomfort and some visible temporary upper abdominal swelling. The long-term follow-up is currently being monitored.

Tags: Female; Human

Descriptors: Endoscopy; *Mammaplasty--methods--MT; *Prostheses and Implants ; Adult; Follow-Up Studies; Mammaplasty--instrumentation--IS; Middle Aged; Patient Satisfaction; Postoperative Care; Preoperative Care; Sodium Chloride; Umbilicus

CAS Registry No.: 7647-14-5 (Sodium Chloride)

Record Date Created: 19931101

Record Date Completed: 19931101

8/5/5 (Item 5 from file: 155)

DIALOG(R)File 155:MEDLINE(R)

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09753864 PMID: 8321332

[Good results of subfascial endoscopy as treatment of communicating vein insufficiency]

Goede resultaten van subfasciale endoscopie als behandeling van insufficiënte Vv. perforantes.

Wittens C H; Bollen E C; Kool D R; van Urk H; Mul T; van Houtte H J

St. Fransiscus Gasthuis, afd. Heelkunde, Rotterdam.

Nederlands tijdschrift voor geneeskunde (NETHERLANDS) Jun 12 1993, 137

(24) p1200-4, ISSN 0028-2162 Journal Code: 0400770

Comment in Ned Tijdschr Geneeskd. 1993 Aug 14;137(33) 1684-5; Comment in PMID 8371807

Document type: Journal Article ; English Abstract

Languages: DUTCH

Main Citation Owner: NLM

Record type: Completed

Subfile: INDEX MEDICUS

Incompetent communicating or perforating veins are often responsible for recurrent varicose veins with skin changes at the lower leg, especially in the postthrombotic syndrome. Subcutaneous and subfascial surgical explorations carry a 35% complication rate. We used a new endoscopic technique to locate and ligate communicating veins with the objective to decrease this complication rate. Through a short skin incision on the anteromedial side of the proximal 1/3 of the lower leg the fascia is incised over 2 cm and the subfascial space opened by finger dissection. A mediastinoscope (length 18 cm; diameter 12 mm) is inserted and pushed down beneath the fascia to the level of the malleolus. Under direct vision the communicating veins crossing this space are located and ligated with haemoclips. In 48 patients, 15 male and 33 female, with a mean age of 53 (22-73) years, 54 legs were treated: 40 legs showed recurrent varicose veins, due to incompetent communicating veins with severe skin changes and ulcers, and 14 had primary varicosis. All patients complained of fatigue and pain. In 49 legs (44 patients) relief of preoperative complaints was obtained and in 5 (4 patients) there was no change. Two indurated wounds

and 1 dehiscent wound were treated conservatively. One patient, operated on both legs, developed a severe subfascial infection on both sides necessitating a reintervention. The advantages of the subfascial endoscopic technique, a fast operative procedure, fewer postoperative wound infections (9.3%), a good cosmetic effect, and a low (2.5% after 3.8 years) recurrent ulcer rate make it a valuable new method for treating incompetent communicating veins.

Tags: Female; Human; Male

Descriptors: *Endoscopy--methods--MT; *Varicose Veins--surgery--SU; *Venous Insufficiency--surgery--SU; Adult; Aged; Leg--blood supply--BS; Ligation--methods--MT; Middle Aged; Varicose Veins--etiology--ET

Record Date Created: 19930805

Record Date Completed: 19930805

8/5/6 (Item 6 from file: 155)

DIALOG(R)File 155:MEDLINE(R)

(c) format only 2004 The Dialog Corp. All rts. reserv.

09120198 PMID: 1746863

Calf augmentation.

Montellano L

Annals of plastic surgery (UNITED STATES) Nov 1991, 27 (5) p429-38,
ISSN 0148-7043 Journal Code: 7805336

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: Completed

Subfile: INDEX MEDICUS

I present my experience with calf augmentation surgery for improvement of the contour of so-called "thin legs" due to hypotrophy of the gastrocnemius muscles and the local skin covering. A special type of silicone-gel prosthesis is placed between the muscle and its **fascia**. The space is created by a specific instrument I developed to perform the dissection. The introduction of the prosthesis is done through a 3-cm transverse **skin incision** on the popliteal line.

Tags: Female; Human

Descriptors: *Leg--surgery--SU; Adult; Postoperative Care; Prostheses and **Implants** ; Silicone Elastomers; Surgery, Plastic--instrumentation--IS; Surgery, Plastic--methods--MT

CAS Registry No.: 0 (Silicone Elastomers)

Record Date Created: 19920110

Record Date Completed: 19920110

Set	Items	Description
S1	4447	(INCISION OR CUT) (5N) SKIN
S2	695486	INSERT? OR EMBED? OR IMPLANT?
S3	28	(ADVANCE OR ADVANCEMENT OR FORWARD OR FURTHERANCE) () DEVICE
S4	7961	FASCIAL () (CLEFT OR MEMBRANES OR COMPARTMENT OR CLEAVAGE OR TWO () CONTIGUOUS) OR FASCIA
S5	2537506	CREATE OR GENERATE? OR PRODUCE? OR DEVELOP? OR ESTABLISH?
S6	17	TISSUE () POCKET
S7	2119513	INFLAT? OR INCREASE? OR EXTEND?
S8	586382	FLUID OR LIQUID OR GAS
S9	113813	DISSECT OR SEPARATE
S10	934	TISSUE () LAYER?
S11	53147	DEFLAT? OR COLLAPSE?
S12	693	REMOV? () DEVICE
S13	58	(INSERT? OR EMBED? OR IMPLANT?) () PROTHE?
S14	1	TISSUE () EXPAND? () DEVICE?
S15	375	S1 (S) S2
S16	0	S3 (S) S4
S17	801	S2 (S) S4
S18	5	S5 (S) S6
S19	107961	S7 (S) S8
S20	4	S19 (S) S9 (S) S10
S21	42	S11 (S) S12
S22	0	S21 (S) S13
S23	0	S21 (S) S14
S24	1	S21 (S) S8
S25	8	S17 (S) S19
S26	0	S3 (S) S6
S27	0	S13 (S) S6
S28	19	S14 OR S18 OR S20 OR S24 OR S25
S29	10	S28 NOT PY>1997
S30	10	S29 NOT PY>19970530
S31	10	RD (unique items)
S32	21	S1 (S) S2 (S) S4
S33	21	S32 NOT S28
S34	10	S33 NOT PY>1997
S35	10	S34 NOT PD>19970530
S36	10	RD (unique items)

File 444: New England Journal of Med. 1985-2004/Jul W1
(c) 2004 Mass. Med. Soc.

File 98: General Sci Abs/Full-Text 1984-2004/Jun
(c) 2004 The HW Wilson Co.

File 73: EMBASE 1974-2004/Jun W4
(c) 2004 Elsevier Science B.V.

File 158: DIOGENES(R) 1976-2004/Jun W4
(c) 2004 DIOGENES

31/5,K/10 (Item 3 from file: 158)

DIALOG(R)File 158:DIOGENES(R)

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00159143 DIOGENES RECORD NUMBER: 1060797

MDR REPORT - FINAL : MENTOR CORP.. SPECIAL ORDER TISSUE EXPANDER MODEL
PS85062-02 SERIOUS INJURY

FDA NO.: M155571

DEVICE CLASSIFICATION: (LCJ) Skin Expander, Inflatable. CLASS: 2. CFR
Cite Not Provided by FDA.

COMPANY NAME: MENTOR CORP (MENTOR)

ADVISORY COMMITTEE: GENERAL AND PLASTIC SURGERY DEVICE PANEL (DVGENPLAS).

SOURCE: FDA MDR LIST (MDR). LIST EDITION: JUNE 1993.

PUBLICATION DATE: July 19, 1988 (19880719)

RECORD TYPE: Fulltext

WORD COUNT: 255 (Short)

DOCUMENT TYPE: DEVICE (DEV).

LANGUAGE: English

TEXT:

DR ORDERED 2 TISSUE EXPANDERS , DEVICE "A" & "B". DEVICES WERE
ORDERED NONSTERILE TO AID IN CORRECTION OF LARGE HAIRY NEVUS ON A PEDIATRIC
...

07004667 EMBASE No: 1997291077

Expanded polytetrafluoroethylen strip (ePTFE) in Frontalis Suspension surgery

FRONTALISSUSPENSION MITTELS EXPANDED-POLYTETRAFLUOROETHYLENE (EPTFE)-STREIFEN 'BEI KONGENITALER PTOSE

Kuchar A.; Ofluoglu A.; Novak P.; Steinkogler F.J.

Dr. A. Kuchar, Universitäts Augenklinik Wien, Abteilung A, Wahringer
Gurtel 18-20, A-1090 Wien Germany

Klinische Monatsblätter für Augenheilkunde (KLIN. MONATSBL. AUGENHEILKD.
) (Germany) 1997, 211/1 (37-40)

CODEN: KMAUA ISSN: 0023-2165

DOCUMENT TYPE: Journal; Article

LANGUAGE: GERMAN SUMMARY LANGUAGE: GERMAN; ENGLISH

NUMBER OF REFERENCES: 20

Background: The Frontalis Suspension Technique is indicated in cases with minimal or no levator function. At the beginning sutures were used as sling material and after further modifications suture material was replaced by autologous or homologous **fascia** lata. In the last years ePTFE has proved to be a very suitable sling material. Patients and methods: Since ePTFE is very biocompatible, it was used for this modified frontalis suspension technique. The anterior tarsal surface is exposed and a small tunnel is created between the **skin incision** and the second **incision** superior to the brow. An 0,3 mm thin ePTFE strip is induced into the tunnel and connects the upper lid with the frontalis muscle. The ePTFE Soft Tissue Patch must be exactly adapted to the tarsus and has to be deeply sutured to the frontalis muscle below the brow incision. Since 1994 17 modified frontalis suspension procedures have been performed on 14 patients. Results: The functional and cosmetic result were good in nearly all patients. No **implant** had to be removed during the follow up period. Discussion: The new technique of frontalis suspension using a ePTFE strip guarantees a regular upper lid lifting by the axial and direct connection of the anterior tarsal surface with the frontalis muscle.

DRUG DESCRIPTORS:

*politef

MEDICAL DESCRIPTORS:

*ptosis--congenital disorder--cn; *ptosis--surgery--su

article; child; clinical article; esthetic surgery; face muscle; female;
human; male; surgical technique; treatment outcome; upper eyelid

CAS REGISTRY NO.: 9002-84-0, 9039-02-5 (politef)

SECTION HEADINGS:

007 Pediatrics and Pediatric Surgery

012 Ophthalmology

...were used as sling material and after further modifications suture material was replaced by autologous or homologous **fascia** lata. In the last years ePTFE has proved to be a very suitable sling material. Patients and...

...frontalis suspension technique. The anterior tarsal surface is exposed and a small tunnel is created between the **skin incision** and the second **incision** superior to the brow. An 0,3 mm thin ePTFE strip is induced into the tunnel and...

...performed on 14 patients. Results: The functional and cosmetic result were good in nearly all patients. No **implant** had to be removed during the follow up period. Discussion: The new technique of frontalis suspension using...

05524793 EMBASE No: 1993292892

The endoscopic breast augmentation: The transumbilical insertion of saline-filled breast implants

Johnson G.W.; Christ J.E.

6560 Fannin, Houston, TX 77030 United States

Plastic and Reconstructive Surgery (PLAST. RECONSTR. SURG.) (United States) 1993, 92/5 (801-808)

CODEN: PRSUA ISSN: 0032-1052

DOCUMENT TYPE: Journal; Article

LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH

Initial aesthetic breast augmentation with inflatable saline **implants** has always had the distinct advantage of **insertion** through a small breast or axillary **skin incision**. Adapting established techniques utilized in suction- assisted lipectomy, operative endoscopy, and tissue expansion with inflatable saline **implants**, breast augmentation is possible through an umbilical incision. Under general anesthesia, an incision is made in the umbilicus; a new tubular instrument with an obturator (designated an endotube (Johnson) or mammoscope (Christ)) is **inserted** into the umbilical incision like a suction cannula; it is pushed over the abdominal **fascia** across the costal margin until it literally pops under the breast **fascia**; through this tunnel is then **inserted** an **implant** coiled like a tobacco leaf; the **implant** is then inflated to 50 percent more than the final volume and manipulated to help expand the pocket; finally, the excess volume is removed, methylprednisolone acetate is placed in the final volume, and the fill tube is removed. The endoscope (laparoscope) is utilized to visualize positioning and to document the absence of bleeding. The umbilical incision is closed after **insertion** of both **implants** through the same incision. A series of 91 young women have undergone this procedure with 188 breast **implantations** without significant bleeding. **Implants** appear to ride high initially, but they settle into place by 6 weeks. Patients have reported less chest discomfort and some visible temporary upper abdominal swelling. The long-term follow-up is currently being monitored.

DRUG DESCRIPTORS:

*sodium chloride

methylprednisolone

MEDICAL DESCRIPTORS:

*breast augmentation; *breast endoprosthesis; *endoscopic surgery
article; esthetic surgery; female; human; major clinical study;
postoperative hemorrhage--complication--co; preoperative evaluation;
priority journal; skin incision; surgical anatomy; surgical approach;
surgical risk; surgical technique

CAS REGISTRY NO.: 7647-14-5 (sodium chloride); 6923-42-8, 83-43-2 (methylprednisolone)

SECTION HEADINGS:

009 Surgery

Initial aesthetic breast augmentation with inflatable saline **implants** has always had the distinct advantage of **insertion** through a small breast or axillary **skin incision**. Adapting established techniques utilized in suction- assisted lipectomy, operative endoscopy, and tissue expansion with inflatable saline **implants**, breast augmentation is possible through an umbilical incision. Under general anesthesia, an incision is made in the umbilicus; a new tubular instrument with an obturator (designated an endotube (Johnson) or mammoscope (Christ)) is **inserted** into the umbilical incision like a suction cannula; it is pushed over the abdominal **fascia** across the costal margin until it literally pops under the breast **fascia**; through this tunnel is then **inserted** an **implant** coiled like a tobacco leaf; the **implant** is then inflated to 50 percent more than the final volume and manipulated to help expand the...

...utilized to visualize positioning and to document the absence of bleeding. The umbilical incision is closed after **insertion** of both **implants** through the same incision. A series of 91 young women have undergone this procedure with 188 breast **implantations** without

significant bleeding. **Implants** appear to ride high initially, but they settle into place by 6 weeks. Patients have reported less...

36/5,K/6 (Item 6 from file: 73)
DIALOG(R)File 73:EMBASE
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02386828 EMBASE No: 1983155839

Excision of quadriceps muscle group

Sugarbaker P.H.; Lampert M.H.

Surg. Branch, Div. Cancer Treat., Natl. Cancer Inst., NIH, Bethesda, MD
20205 United States

Surgery (SURGERY) (United States) 1983, 93/3 (462-466)

CODEN: SURGA

DOCUMENT TYPE: Journal

LANGUAGE: ENGLISH

Excision of the quadriceps muscle group may be selected for definitive treatment of intracompartmental soft tissue sarcomas within this muscle group. After a **skin incision** is made from anterosuperior iliac spine to the patella, skin flaps are dissected superficial to the **fascia** lata to the flexor muscles laterally and to the gracilis muscle medially. The superficial femoral artery is dissected free of the quadriceps muscles over the entire thigh. The origins of the sartorius, tensor **fascia** lata, and rectus femoris muscles are transected from their origins on the pelvis, and the vastus lateralis, vastus medialis, and vastus intermedius muscles are transected from their origins on the femur. To free the specimen, the quadriceps femoris tendon is divided just proximal to its attachment to the patella. The gracilis muscle medially and the short head of the biceps muscle laterally are transected at their **insertions** and secured to the patella. The subcutaneous tissue and skin are closed over generous suction drains. After operation an ankle-foot orthosis is used to provide for relatively unrestricted ambulation.

MEDICAL DESCRIPTORS:

*muscle resection; *quadriceps femoris muscle; *soft tissue sarcoma excision; orthosis; rehabilitation; therapy; muscle; soft tissue; short survey; methodology; human

SECTION HEADINGS:

009 Surgery

016 Cancer

019 Rehabilitation and Physical Medicine

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36/5,K/7 (Item 7 from file: 73)
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01851035 EMBASE No: 1981222192

A surgical technique for hip disarticulation

Sugarbaker P.H.; Chretien P.B.

Surg. Branch, Nat. Cancer Inst., NIH, Bethesda, Md. 20205 United States

Surgery (SURGERY) (United States) 1981, 90/3 (546-553)

CODEN: SURGA
DOCUMENT TYPE: Journal
LANGUAGE: ENGLISH

Hip disarticulation is usually elected for malignant bony and soft tissue tumors below the lesser trochanter of the femur. The operation is performed with the patient in a posterolateral position; in the first phase of the procedure the surgeon stands anterior to the patient. After **incision** of the **skin** and division of the femoral vessels and nerve, muscles of the anterior thigh are transected off the pelvic bone from lateral to medial starting with the sartorius and finishing with the adductor magnus. Muscles are divided at their origin except for the iliopsoas and obturator externus which are divided at their **insertion** on the lesser trochanter of the femur. The quadratus femoris muscle is identified and preserved, then the flexor muscles are transected at their site of origin from the ischial tuberosity. During the next phase the surgeon is posterior to the patient, and the pelvis is rotated from the posterolateral to the anterolateral position. After completion of the **skin incision**, the gluteal **fascia**, tensor **fascia** lata, and the gluteus maximum muscles are divided and dissected free of their posterior attachments to expose the muscles **inserting** by way of a common tendon onto the greater trochanter. These muscles are then transected at their **insertion** on the bone. The posterior aspect of the joint capsule is then exposed and transected. Finally, the sciatic nerve is divided and allowed to retract beneath the piriformis muscle. To close the wound the preserved muscles are approximated over the joint capsule and the gluteal **fascia** secured to the inguinal ligament over suction drains. The skin is closed with interrupted sutures.

MEDICAL DESCRIPTORS:

methodology; therapy; musculoskeletal system; joint

MEDICAL TERMS (UNCONTROLLED): hip exarticulation

SECTION HEADINGS:

033 Orthopedic Surgery

009 Surgery

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36/5,K/8 (Item 8 from file: 73)
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01569633 EMBASE No: 1980190020

Repairment of retrusion in the orbito-palpebral region using various homologous tissues (by anophthalmia)

Gundorova R.A.; Morozova O.D.

Dept. Traumatol., Reconstr. Surg. Prosthetics, Helmholtz's Sci. Inst. Eye

Dis., Moscow Russia

Acta Chirurgiae Plasticae (ACTA CHIR. PLAST.) (Czechoslovakia) 1980,
22/1 (24-31)

CODEN: ACHPA

DOCUMENT TYPE: Journal

LANGUAGE: ENGLISH SUMMARY LANGUAGE: GERMAN; FRENCH

The enucleation of the eyeball is often followed by a retrusion of the upper eye lid to a varied extent. The retrusion is often so apparent that the cosmetic effect of the prosthesis is decreased. In most cases, the cosmetic appearance may be improved only by surgery. The most feasible correction is realized by placing an **implant** into the upper eye lid between the skin and the circular muscle, or between the orbital **fascia** and the circular muscle. As a plastic material, a fat, femoral **fascia** lata, a cartilage or synthetic materials were used. They were introduced into a subcutaneous tunnel through a **skin incision**. For the same purpose, two kinds of a material were used by the authors: a cadaverous cartilage and a cadaverous sclera fixed in 70% ethanol. The cartilaginous plate was modelled in order to fill up the retruded parts of the upper eye lid after its **implantation**. A flap was cut from the sclera of **fascia**, which fitted into the retrusion. The total of 62 patients (38 men and 24 women) in the age ranging from 19 to 50 years were operated on. In the majority of the cases (45 patients) they were the patients, by whom the enucleation was not followed by **implantation** into the Tenon's capsule. In 2 patients, an atrophic stump consisting of a skin and a fat tissue was present. In a further 6 patients, the stump was formed using a polyurethane foam, which was considerably resolved later on. A stump formed from fat tissue occurred in 9 patients. The time following the enucleation ranged from 1 to 27 years. All the patients were wearing their glass prostheses all the time. The cartilage was **implanted** in 34 patients. The retrusion was corrected by sclera by 28 patients. The patients were controlled for more than 5 years. Better results were obtained, when sclera was **implanted**.

MEDICAL DESCRIPTORS:

*anophthalmia

cartilage graft; allotransplantation; major clinical study; therapy; visual system; cartilage

MEDICAL TERMS (UNCONTROLLED): artificial eye

SECTION HEADINGS:

034 Plastic Surgery

012 Ophthalmology

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00653310 EMBASE No: 1976208984

Subcutaneous preservation of free skull bone flap taken out in decompressive craniectomy (Japanese)

Nakajima T.; Tanaka M.; Someda K.; Matsumura H.

Dept. Neurosurg., Kansai Med. Sch., Moriŕuchi Japan

Neurological Surgery (NEUROL. SURG.) 1975, 3/11 (925-927)

CODEN: NOKGB

DOCUMENT TYPE: Journal

LANGUAGE: JAPANESE

The best material for cranioplasty of large skull bone defect as a result of decompressive surgery is a patient's own bone flap, since it fits exactly where it was and no recipient's reactions are elicited. Ideally the bone flap should be alive. However, there have been no effective ways to keep a bone flap alive. The authors have attempted to preserve a free bone flap in a sterile and living state by keeping it subcutaneously in the thigh. The reasons the author choose this site for temporary **implantation** are as follows: sufficient space can be easily made to accomodate a bone flap, curvature of a bone flap fits that of a thigh without difficulties and extreme protrusions caused by **implanted** bone flap can be avoided. The site of storage is well away from the operative field and independent from each other, and it is possible to get the **fascia** lata through the same **skin incision** for a large dural patch when needed. When the bone flap is too large to be comfortably accommodated and causes significant stretching and protrusions of the covering skin at the bone edge, it is simply divided into two pieces and these are **implanted** in the same place.

MEDICAL DESCRIPTORS:

*bone graft; *cranioplasty; *skull

methodology; therapy

SECTION HEADINGS:

034 Plastic Surgery

008 Neurology and Nerosurgery

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